



PROVIDER MANUAL

Information in this Manual is accurate as of February 1, 2018, and may change without notice.

COMMUNITY LIVING SERVICES, INC.

Community Living Services, Inc.

Town Square Plaza

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Wayne, MI 48184-1687

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Customer Service: 734-722-6364

After Hours Emergency: 734-238-7246

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BUSINESS HOURS

Business hours are Monday – Friday 8:00 a.m. – 4:30 p.m. CLS, Inc. is closed on weekends and holidays. Employees can be reached through the switchboard operator at 734-467-7600 or TTY 1-866-469-7600.

Phone calls from Contractors are welcomed and encouraged so questions can be answered and help provided in a timely manner.

EMERGENCY ON-CALL SERVICE

CLS, Inc. has an after hours, Emergency On-Call system which allows you to reach an on-call supervisor regarding emergencies occurring after regular business hours, weekends, and holidays. To contact the CLS, Inc. Emergency On-Call Supervisor, call 734-238-7246.

MANUAL INTENT

The information contained in this Manual is general in nature, and is not intended to replace or modify any expectations or obligations set forth in your contract with Community Living Services, Inc., or a Personal Service Agreement with an individual. It is not intended to be inclusive of all contractor expectations. For specific questions, please refer to your actual Contract, or contact your legal advisor.

Please note that for the remainder of this Manual, Community Living Services, Inc. shall be referred to as “CLS”. The information presented in this Manual is accurate as of February 1, 2018, and may change without notice. For the most current information, contact the applicable department or the Network Management Department at (734) 467-7600.

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INTRODUCTION

Community Living Services, Inc. (CLS) is a Manager of a Comprehensive Provider Network (MCPN) of the Detroit-Wayne Mental Health Authority (DWMHA). During its over thirty year history of providing services to individuals with disabilities and their families, CLS has developed a reputation as a national leader. As a member of the CLS Provider Network, you play an integral role in ensuring that CLS remains an organization that is both innovative and reputable.

This Provider Manual is designed to assist you as you support individuals enrolled with Community Living Services, and work with CLS. The manual includes the CLS Mission and Vision Statements and Guiding Principles. A brief history of CLS is also included, as are summaries of Person-Centered Planning, Self-Determination Principles, Real-Life Quality Standards and People First Language. Please note especially the expectations individuals supported by CLS have for their service providers.

To help guide your interactions with CLS, the manual contains brief descriptions of, and contacts for, each CLS department, and Friends of CLS. Information on the Grievance and Appeals and Contract Concerns Resolution processes, Rights Restrictions, HIPAA, and After Hours On-Call procedures is also provided. For your reference, a glossary, common acronyms, list of CLS committees, and copies of required forms, organized by contract type, are included in the manual.

We hope this manual answers some questions, and betters your understanding of the mission and organization of CLS. Please share the information in this manual with your staff.

Thank you for your support of individuals with developmental disabilities, and for your work with CLS. Your contributions are essential to helping individuals with developmental disabilities control their own lives, enjoy relationships with family and friends, fully participate in their communities, and realize their dreams.

HISTORY OF CLS

Prior to 1978, children and adults with developmental disabilities were placed into large institutional settings. Most of the individuals spent the majority of their lives, from childhood until death, on the grounds of the institutions. The children who attended school were taught in classrooms on the grounds. Medical issues were addressed in the institution's infirmary, and most other needed services were provided in the wards where the individuals lived. There was little or no contact with the outside world unless the individual's family chose to take them home on the weekends.

In 1978, The Plymouth Association for Retarded Citizens and the Association for Retarded Citizens filed a lawsuit (Civil Action No 78-70384) against the Plymouth Center for Human Development. The suit alleged abuse, neglect, and mismanagement by the Michigan Department of Mental Health. During the discovery phase of the case, there was extensive testimony on the negative impact of institutional living and the better outcomes available through community-based settings. In its ruling on the case, the U.S. District Court ordered that all persons with developmental disabilities in Michigan be moved from state institutions to community homes.

Community Placement staff were hired at state institutions to begin developing living arrangements in the communities. At the time, six-bed "group homes" were considered the most appropriate living situations for adults with developmental disabilities. Most children were moved into foster care family homes. Establishing these homes was a slow process. Each step was met with significant resistance from communities; lawsuits were filed, homes were vandalized and set on fire.

In the fall of 1983, three placement units from the Plymouth Center for Human Development, Northville Residential Training Center, and Southgate Regional Center merged into a State Agency known as Wayne Community Living Services (WCLS). WCLS helped any former Wayne County residents living in institutions and nursing homes in Michigan move to community homes in Wayne County. As additional community homes were developed and the institution census decreased, WCLS grew rapidly in scope and service.

The operation of WCLS was transferred to the Detroit-Wayne County Community Mental Health Agency (DWCCMHA) in April 1992, as part of a planned transfer of responsibility from the State to local community mental health control. WCLS incorporated as a non-profit agency and contracted with DWCCMHA to continue its programs of home development, community placement, and supportive clinical services. In September 1999, WCLS, Inc. changed its name to Community Living Services, Inc. to better reflect its mission.

Since 1983, WCLS (now CLS, Inc.) has earned a reputation for embracing and implementing initiatives to increase individual control over choice and resources. In 1994-1995, CLS was a pioneer in the area of consumer home ownership through the "Home of My Own" project. In 1996, the Robert Wood Johnson Foundation awarded CLS a three year grant to assist persons with controlling their own budgets and living self-determined lives. From 1996-1999 CLS also received a grant from the Wayne State University Developmental Disabilities Institute to pilot and expand Supported Employment opportunities for persons with developmental disabilities.

In 2002 the DWCCMHA (now DWMHA) selected CLS as one of three Managers of Comprehensive Provider Networks (MCPN) for the purpose of developing and managing a comprehensive network of providers and individual practitioners to meet the needs of persons with

developmental disabilities. Following the requirements of the Medicaid B Waiver Prepaid Inpatient Health Plan (PIHP), CLS is responsible to competitively manage capitated funds and to give people and their families network provider choices. CLS is also a service provider within the scope of the MCPN contract, offering Supports Coordinator services, i.e., supports coordination, to individuals enrolled with CLS.

A major factor in CLS' success has been its development of a high quality and comprehensive Contractor network that includes over one hundred providers contracting to offer residential, employment, and other community resources. CLS has progressed from developing six-bed "group homes" in the 1970s and 1980s to, in collaboration with its provider network, supporting individuals in owning and leasing their own homes- a manifestation of CLS' firm and sustained commitment to person-centered planning and people living self-determined lives.

THE CLS MISSION

To assist and advocate for each person to have supports they want and need:

- To exercise control and authority over their own lives
- To live a life of freedom, opportunity and relationships as family, friends and neighbors
- To share in full community membership and citizenship

OUR VISION IS.....

People will fully participate in their communities and have a quality of life which comes from freedom and its responsibilities, the authority to make their own life decisions and the financial resources to implement them.

CLS' GUIDING PRINCIPLES

The journey toward self-determination is a process of self-growth. The following are the nine operating principles around which CLS centers its supports to help people truly succeed in achieving dignity and freedom.

CHOICE - People have the right to choose how, where, and with whom they will live their lives. When people need help, it is friends and family closest to them who assist in broadening their experiences and exercising their right to choose. It is essential that each person have a circle of support chosen by him or her.

RELATIONSHIPS - The relationships a person has with others are like precious gems. A relationship must be treasured, nurtured, and protected. Those with whom the individual has real relationships provide the strength, assistance, and security which ensure each person's well-being.

CONTRIBUTION & COMMUNITY - Everyone has the ability to contribute to his or her community in a meaningful way. Giving of one's self helps people establish a sense of belonging and identity. Community membership includes having an opportunity to be employed, to own a home, to be truly involved in the routines of the community, and to make a difference in the lives of others.

RESPONSIBILITIES - Individuals, as they take greater control and authority over their lives and resources, assume greater responsibility for their decisions and actions. Professionals and staff work for the individual rather than for the system. Families, friends, and staff help people in creating more meaningful relationships, link them with needed supports, remove barriers, develop safety networks, and help make dreams come true, while never forgetting who is in charge.

CONTROL - People have the power to make decisions and truly control their lives. This includes gaining authority over financial resources and the power to determine what supports are needed, how they will be implemented, and by whom. People also have the power to control the hiring of the persons who will support them.

DREAMING - All people have hopes and dreams that are most meaningful to them and guide the actions they take. A commitment to helping people determine their dreams, respecting those dreams, and helping make dreams come true is crucial.

DIGNITY AND RESPECT - All people have an inherent right to be treated with dignity and to be respected. Some of life's greatest lessons are learned by making choices that are later realized to have been mistakes. All people have the right to the dignity of risk. The network of support makes risk possible by weaving a safety net that supports growth.

FISCAL CONSERVATISM - Making things happen does not always require money. It is imperative that alternatives to paid support be found. When support must be purchased, people will get what they need, pay for only what they get, make real investments, spend money more efficiently, and make adjustments when they are needed. To find the best quality for the most reasonable price, people are free to purchase in and out of the 'system'.

WHATEVER IT TAKES - Those who work within the system become barrier removers. The attitude, "Nothing is impossible, as long as it is legal and causes no harm" is required. "No we can't" as an answer is replaced by "How can we make this happen?"

REAL LIFE QUALITY STANDARDS

The *Real Life Quality Standards* developed by the Center for Self-Determination reiterate and expand on the *CLS Guiding Principles*. These standards stress that the quality of supports and services is to be measured not merely on an individual's satisfaction with services, although that is essential, but on "whether the person with a disability enjoys a meaningful life in a way that is both culturally appropriate and normed on universal human aspirations."¹ To help individuals realize these aspirations, providers of supports and services should work to ensure that each individual they support:

- Is safe and experiences optimal health, through relationships established on open communication and trust;
- Has chosen any persons they want to live with, the place they want to live, and anyone who provides supports where they live;
- Is an actual and active member of their community;
- Has important long-term relationships that are both reciprocal and safe;
- Generates private income through a job or self-employment; and,
- Controls their means of transportation.

PERSON-CENTERED PLANNING

Person-centered planning is an individualized process designed to respond to the needs and desires of each individual receiving supports through CLS and its Contractors. A support system is developed that promotes individual choice through an annual, and ongoing, person-centered planning process, in accordance with person-centered planning mandated by the Michigan Mental Health Code and the operating principles of CLS. A support circle consisting of family and friends, generally chosen by the person, who can assist the individual in developing their personal plan, are instrumental in the process.

Person-centered planning includes the following:

- Getting to know the individual on his/her terms, while respecting privacy, by taking time to ask questions, discuss ideas, and develop a positive relationship
- Assuring the individual's ability to communicate is maximized by making accommodations, as needed
- Assisting the individual to create and implement a plan focused on identifying and attaining his/her dreams
- Identifying supports and services necessary to assist the individual to reach his/her dreams
- Linking and coordinating, as necessary, on behalf of the individual to assist the individual reach his/her dreams
- Addressing and monitoring all health, safety, and at-risk issues
- Monitoring effectiveness of the plan by actively seeking and responding to feedback from the individual and his/her support circle
- Making changes to the plan, as desired or needed by the individual

¹ Thomas Nerney, Patricia Carver, Kathleen Kovach, *Real Life Quality Standards*, Center for Self-Determination, 2005, p.

SELF-DETERMINATION

The purpose of self-determination is to make it possible for individuals to craft personally meaningful lives in our communities. Principles of self-determination establish that individuals with disabilities are the planners and decision-makers in how they spend their days and in how they live their lives. These decisions include financial responsibility for public funding and the generation of personal income with appropriate assistance. *

Principles of self-determination:

- **FREEDOM** to decide how one wants to live their life
- **AUTHORITY** over a targeted amount of dollars
- **SUPPORT** to organize resources in ways that are life enhancing and meaningful to the individual
- **RESPONSIBILITY** for the wise use of public dollars and recognition of the contribution individuals with disabilities can make in their communities
- **CONFIRMATION** of the important role that self-advocates must play in a newly redesigned system

*Tom Nerney and Patricia Carver, *Guaranteeing the Promise of Freedom: Through Redefining Quality and Creative Individual Budgeting*, Center for Self-Determination, 2004, p. 3.

EXPECTATIONS OF INDIVIDUALS SUPPORTED BY CLS

“Principles of self-determination establish that individuals with disabilities are the planners and decision-makers in how they spend their days and in how they live their lives.”² Individuals supported by CLS echoed these principles when interviewed about their expectations of Contractors.³ They firmly expressed their desires to plan for and decide about their lives, and stressed that a fundamental role of Contractors is to help them do so. Their comments, in words that reflect many of the Guiding Principles of CLS, follow:

Choice

- Respect that entertainment options at home or in vehicles, e.g., TV, radio, CD or DVD, should be based on choices made by individuals, not staff.
- Respect individuals’ independence, choice and privacy by helping them spend as much time on their own as possible, e.g., make arrangements to drop off and pick up individuals in safe, accessible places, so individuals can shop, dine or manage errands on their own.

Relationships

- When helping individuals meet and consider prospective roommates, remind and encourage individuals to consider multiple factors before agreeing to be someone’s roommate.

² Tom Nerney and Patricia Carver, *Guaranteeing the Promise of Freedom: Through Redefining Quality and Creative Individual Budgeting*, Center for Self-Determination, 2004, p. 3.

³ Comments are based on interviews with a small number of individuals supported by CLS that were conducted during the spring of 2005.

- A staff person should be willing to listen to and help mediate an individual's difficulties with a roommate.
- Assist individuals in maintaining contact with their family members. Help individuals hold on to memories of their family members, e.g., by displaying photographs, or visiting gravesites.

Contribution and Community

- Employers should provide the adaptations and assistance needed for an individual to perform his or her job.
- Encourage and assist individuals in learning about and enjoying and participating in their communities as much as possible, e.g., helping people get to parks, seasonal activities, movies, restaurants, and volunteer work, etc.

Responsibilities

- Help individuals assume "ownership" of their homes or apartments by assisting and encouraging them to beautify and decorate their homes and yards, and performing routine chores and maintenance.
- Encourage and assist individuals' independence and sense of efficacy by teaching them how to accomplish day-to-day tasks they are interested in and capable of doing, e.g., making lunch, using the microwave, doing laundry, gardening, depositing checks, managing their budget, reading traffic signs – even if the teaching takes significant time.
- Respect individuals' health – and lives – by encouraging safe and healthy lifestyles, e.g., food choices.

Control

- Include individuals in decision-making about supports and services.
- Be aware of what decisions an individual is entitled to make, and encourage and honor those decisions. In other words, contractors should familiarize themselves with an individual's guardianship or alternative to guardianship criteria, and abide by those criteria.
- Staff should respect the authority of - and the decisions made by - individuals who do not have a guardian.
- Provide opportunities for individuals to interview prospective staff, and obtain the individual's input on whether or not that staff should be hired.
- Periodically ask individuals what they think regarding how their staff persons are providing supports.
- The home manager or lead staff person should be willing to listen to and help resolve an individual's concerns about a staff person. Staff should make it a point to regularly speak with individuals about how things are going.
- Promptly inform individuals of staff changes; for instance, an individual should not have to ask why a staff person has not worked in a while.

Dreaming

- Don't assume that you know what an individual can and can't do. Ask the individual, or someone who best knows the individual, about what he or she can and wants to do. If an individual thinks that they can do more, encourage them to try.

Dignity and Respect

- Treat individuals with dignity and respect.

- Treat parents, other family members, and other members of an individual's support circle with dignity and respect.
- Do not share information about an individual without that individual's permission.
- Respect an individual's privacy, e.g., provide sufficient space for a private phone conversation. Leave individuals alone when they want to be left alone as long as it is safe.
- Return phone calls from individuals in a timely manner.
- Follow through promptly on complaints or concerns from individuals.
- Converse with individuals, not just with other staff persons. Staff should converse or otherwise communicate with individuals, not just work for them, so individuals feel more involved and connected with others.

Whatever It Takes

- Provide a safe environment in which an individual can express complaints; e.g., a person should be able to talk to a Contractor representative about a staff person without that staff person present, and without fear of retaliation by staff.
- Remember that it's the individual's home, not the staff's. Rename the job position of Home Manager to better reflect the fact that the Home Manager still works to support the individual, e.g., refer to the Home Manager as the staff supervisor or lead staff.

PEOPLE FIRST LANGUAGE

All individuals deserve to be treated with dignity and respect. One of the ways to accomplish this is by using words that are person-centered. Words should be chosen that put the person first, not the disability. Select terms that are free of negative or judgmental connotations. Acknowledge a person's specific needs, rather than comment on their problems. Avoid mentioning a person's disability if it is not relevant to the conversation. If you are not sure how to refer to a person's condition, ask him or her. Following are examples of People First Language.

People First Language:	
<i>say . . .</i>	<i>rather than . . .</i>
individual's home	group home
individual's budget	provider budget
Homes	group home, residential settings or sites
my employee	home manager
helping someone move into their own home	placing someone
a person with a disability	a special needs person
accessible parking	handicapped parking
has a disability	Disabled
has autism	autistic person
has an intellectual disability	mentally retarded
has a learning disability	learning disabled
has a congenital disability	birth defect
has Down's syndrome	a Down's person
has a brain injury	brain-damaged
has a physical disability	Crippled
uses a wheelchair	wheelchair bound
typical or a person without a disability	normal or healthy
receives special education services	in special education
person/person/person	resident/client/patient
describe level of independence	low or high functioning
describe method of communication	non-verbal
has no guardian	own guardian
Needs or uses . . .	Has a problem with



ACCOUNTING

Contact Persons:

Kimberly Harrison, Bookkeeper Specialist 734-467-4393

The Accounting Department processes authorized invoices, billings, and contract payments to Contractors and Vendors. This department is the starting point for handling all invoices and billings for payment. Accounting staff record and route invoices/billings to appropriate managers for approval and provide payment after approval is obtained. Provider payments are made on the fifteenth (15th) of each month. All other Vendor payments are processed on a weekly basis.

How Accounting can assist Contractors:

- Verify that an approved invoice is received, paid, or scheduled to be paid
- Answer questions regarding receipt or payment of invoices/billings
- Assist with lost checks from CLS

Expectations of Contractors:

- Bill promptly for services rendered
- Send all invoices/billings to the attention of the Accounting Department

ADVOCACY

GUARDIANSHIP AND ALTERNATIVES TO GUARDIANSHIP

Joe Zwally, Advocacy Specialist	734-722-7196
Lynn Marshall, Advocacy Specialist	734-722-5364
Steve Dell, Consumer Advocate	734-722-5571
Advocacy and Alternatives to Guardianship Facsimile	734-722-7809

CLS promotes alternatives to guardianship as a means to retain and/or restore an individual's civil rights, consistent with person-centered planning and self-determination. The CLS Advocacy Specialist coordinates the process of assessing individuals' decision making assistance needs. This involves meeting with individuals and members of their support circle to determine the least restrictive means of assisting them in making decisions. The Advocacy Specialist also serves as a liaison between the individual and Wayne County Probate Court, the DWMHA, and other entities as needed. The Advocacy Specialist maintains a database of guardianships and alternatives to guardianship provides quarterly guardianship status reports to DWMHA.

How the Advocacy Specialist can assist Contractors and Credential Staffing Agents:

- Answer questions about guardianship and decision making alternatives
- Provide trainings on Alternatives to Guardianship that are open to Contractors and CLS staff
- Provide a variety of flexible meeting times and locations to accommodate the needs of individuals and their support circles
- Link and coordinate with Supports Coordinators to obtain and/or update documents needed for guardianship packets
- As requested, provide updates on guardianship packet status
- Assist in completing and witnessing Power of Attorney documents, including obtaining a notary public
- Assist in obtaining copies of court orders WCPC Completed form
- Facilitate the process of submitting guardianship packets to court to avoid lapses in guardianship
- Assist in and/or facilitate Wayne County Probate Court's process for temporary emergency guardianships

Expectations of Contractors and Credentialed Staffing Agents:

- Support CLS' philosophy of promoting alternatives to guardianship
- Promote education about alternatives to guardianship and encourage staff attendance at training sessions
- Maintain communication with Advocacy Specialist so issues about decision making for individuals can be addressed promptly
- Assist in obtaining copies of **Letters of Guardianship (PC 662)** WCPC Completed Form
- Assist individuals in attending their court dates and promptly notify Advocacy Specialist if the date or time needs to be rescheduled. **Notice of Hearing (Form PC 06) and Proof of Service (Form PC 08)** completed by the Advocacy Department staff.

Michigan's Mental Health Code

330.1602 Sec. 602. (1) Guardianship for individuals with developmental disability shall be utilized only as is necessary to promote and protect the well-being of the individual, including protection from neglect, exploitation, and abuse; shall take into account the individual's abilities; shall be designed to encourage the development of maximum self-reliance and independence in the individual; and shall be ordered only to the extent necessitated by the individual's actual mental and adaptive limitations.

BENEFITS COORDINATION

Manager of Benefits Coordination: 734-722-4213

The Manager will forward calls to the appropriate staff for each of the following;

- Ability to Pay Determinations
- Food Assistance Program (FAP) – assist with the application process if they are the legal representative – the Provider/Fiscal Intermediary are responsible as the Designated Representative for DHHS to apply and maintain
- Medicaid eligibility - applications process - the Provider/Fiscal Intermediary are responsible as the Designated Representative for DHHS to apply and maintain
- Medicare – is automatically assigned after two years of receiving RSDI benefits
- Social Security (SSI, SSDI/RSDI and other entitlements of income) – the Benefits Technician will assist with the application process if they are the legal representative – the Provider/Fiscal Intermediary are responsible as the Designated Representative for Social Security to apply and maintain
- Home Help – applications process – Benefits Technician upon notification
- Habilitation Supports Waiver – applications process annually and initial
- MI Choice – application process with the Area Agency on Aging

The Benefits Coordination Department (BCD) collects and maintains benefit related information for all individuals enrolled with CLS. The BCD staff completes Ability to Pay Determinations/Financial Determinations and assists CLS enrollees in securing and maintaining their benefit eligibility as requested. Every CLS enrollee has a Benefits Technician assigned to attend to his/her benefit needs and is available to answer questions and provide assistance as needed.

How BCD can assist Providers:

- Answer questions regarding the above listed topics.
- Maintain availability to facilitate operations in support of the individuals enrolled with CLS.
- To assist with Living Expenses/Cost of Care – the Provider is required to send two certified letters to the Representative Payee with the invoice if applicable. Once this is done and still no response from the Representative Payee, then email the letters to the assigned Benefits Technician. CLS will then intervene.

Expectations of Providers:

- Notify BCD of any changes in a CLS enrollee's financial situation or insurance eligibility upon receipt of information such as trust monies, estate monies and other income changes including working and not working.
- Forward all correspondence from the Social Security Administration (SSA) or the Department of Health and Human Services (DHHS) to BCD.
- Provide information and documentation as requested by BCD staff within ten days of request.
- If you are the Representative Payee, you are responsible to submit pay check stubs to SSA on a monthly basis.
- If you are the Designated Representative, you are also responsible to submit the following to DHHS: paycheck stubs, address changes, and if deductible present, all medical bills. You are also responsible to maintain all benefits with DHHS such as Medicaid, Food Assistance Program and Home Help.

CENTRAL RECORDS

Contact Persons:

Director: Andrea Goodwin, MHSA 734-467-7600, ext. 4154

Administrative Coordinator, CFS and CR 734-467-7600, ext. 6465

Central Records receives, organizes, maintains, distributes and protects the confidentiality of information related to service provision for individuals enrolled with CLS, as well as demographic information, complaints, citations, incident reports and reviews related to CLS and its Contractors. Central Records staff also monitors quality of documentation submitted to CLS. Staff from Central Records process authorizations pertaining to services, person-centered planning, recipient rights and confidentiality. In addition, the Central Records Department maintains files of original documents for all CLS service contracts.

How Central Records can assist Providers:

- Answer questions about release of information, including requests that Provider organizations receive
- Release and distribute documents and protected health information (with proper consent)
- Provide Release of Information Authorization forms when requested
- Answer questions for clinical contractors regarding proper procedures for completion and submission of documentation
- Facilitate access to records, in accordance with applicable laws, guidelines, rules and established procedures.

Expectation of Providers:

- Provide updated information regarding service providers for people we mutually support
- Assist individuals, when necessary, with maintaining proper records in their homes

CONSUMER FINANCIAL SERVICES

Contact Persons:

Director: Andrea Goodwin, MHSA 734-467-7600, ext. 4154

Manager: David Novak, 734-467-7600, ext. 4192

Manager will forward calls to appropriate representative for each of the following:

- Processing of medical, hospital, pharmacy, dental, and other charges
- Clinical service billings and claims processing
- Skill-building, employment, and vocational service billings and claims processing
- Residential service claims processing
- Private pay billings
- Medicaid, Medicare, and other insurance coverage issues
- Habilitation Supports Waiver Program, Children's Waiver Program, and other Medicaid Waiver Program reporting, coverage and policy issues
- Durable medical equipment and environmental modification reporting, coverage and policy issues

Consumer Financial Services (CFS) manages financial records for all individuals enrolled with CLS. The CFS Department processes claims from providers.

How Consumer Financial Services can assist Providers:

- Assist with claims processing issues and provide training/orientation on claims submission procedures.
- Answer questions regarding the above listed topics.
- Answer questions for all contractors regarding proper procedures for completion and submission of billing paperwork.
- In any other way, maintain availability and an open line of communication in order to facilitate operations in support of the individuals enrolled with CLS.

Expectations of Providers:

- Submit claim forms, encounter data, and documentation in a timely manner.
- Maintain availability to communicate regarding billing, documentation, and benefits issues.
- Provide information as requested by CFS Department staff.

CUSTOMER SERVICES

Contact Person(s):

Helen Long-Eady, Director, Director of Customer Services: 734-722-5487

Madelyn McCrystal, Customer Services Administrative Assistant: 734-722-4686

Customer Services Line: 734-722-6364

CLS Toll Free Number 1-866-381-7600

The CLS Customer Services Department is responsible for the Intake process, facilitation of the Supports Intensity Scale Assessment and the Customer Services functions including the welcoming of new members, dissemination of information and providing assistance to our members, their families and the community regarding navigating the public mental health system.

Intake & Eligibility:

The CLS Intake Specialist coordinates the Intake and eligibility process for persons enrolled with CLS by the Detroit Wayne Mental Health Authority Access Center. The Intake Specialists perform the following duties:

- Facilitate the scheduled Intake appointment and confirm the person's eligibility for services.
- Assist the person and his/her family in identifying the needs, services and supports that are desired and available through the CLS Network of Providers.
- Distribute the CLS Handbook of Services, Provider Directory and other information regarding CLS, along with the DWMHA Handbook and brochures concerning customer service, recipient rights, grievance and appeals processes, etc.
- Initiate referrals to CLS staff/departments, contract service providers, and other community service organizations as appropriate.
- Communicate with the DWMHA Customer Service Department and Access Center staff to facilitate enrollment of persons with CLS.

Supports Intensity Scale (SIS):

The Supports Intensity Scale was developed by the American Association on Intellectual and Developmental Disabilities in 2004 and is currently being used in 22 states and has been translated into 14 languages. Testing has shown it to be a valid and reliable instrument. It is a strength based advocacy tool that measures the intensity of supports each person with an intellectual/developmental disability needs to fully participate in community life. Unlike historical assessments, the SIS does not measure what the person can and can't do. It allows the person, his/her family, and others close to the person to identify the supports needed for personal, work related, and social activities. It includes activities and life domains common to any other adult living in the community. This allows the person to consider opportunities and growth in areas that may not have been previously considered. Utilizing the SIS in the Person Centered Planning process helps the person to identify their unique preferences, skills, and areas for growth.

CLS Customer Service Staff/Representative will:

- Identify the enrollees in need of the SIS Assessment and refer the person(s) to the CLS contract provider responsible for scheduling the SIS Interviews for each person receiving services per state guidelines, ensuring individual participation along with two valid respondents.
- Explain the SIS purpose and philosophy, that being to enhance and support the Person Centered Planning process.
- Serve as a Liaison between the SIS contract provider, CLS enrollee(s)/family members and/or CLS staff/departments as needed to ensure the SIS process is completed, billings processed and documents filed and disseminated in accordance with established procedures.
- Track and maintain documents and data relative to the implementation of the SIS process.

Customer Services:

Customer Services provides an environment that is welcoming and responsive to CLS members, their families, network providers and the community.

- Staff respond to phone calls, answer questions and assist CLS enrollees and their families regarding accessing and the provision of services/supports. Interpreter and translation services are made available at no cost to the enrollee and his/her family when needed.
- Due process options open to the enrollees and the legal representatives are detailed. Included in the discussion are the grievance and appeals process, the State Administrative Hearing Process (e.g. Medicaid Fair Hearing –MFH) and Recipient Rights protection system.
- In addition to the formal mechanisms, Customer Services staff attempt to address concerns and resolve problems informally if/when the person, legal representative and/or family member expresses dissatisfaction with the services/supports provided by CLS.
- Training and outreach activities include an overview of services available from the DWMHA and its Managed Comprehensive Provider Networks-MCPN(s).
- Customer Service staff work in concert with the DWMHA and the Access Center to ensure enrollees are able to exercise their choice in selecting a provider network. Staff provide assistance during Open enrollment and any time in which a change in MCPN or service provider may be warranted.
- Assistance is provided regarding community resources, and how to access services. Every effort is made to ensure enrollees are knowledgeable of benefits, housing options, vocational services, job coaching and work experience possibilities.

How Customer Services can assist Providers:

- Provide assistance or referrals to callers with questions or concerns regarding accessing services, language assistance, due process rights, recipient rights, etc.
- Assist with the resolution of concerns and issues not resolved through other processes.

- Interface with community organizations to access resources as needed.
- Engage in outreach activities and/or provide training regarding the array of services available from the DWMHA and CLS. Ensure the networks knowledge of the Autism Benefit, Family Subsidy, enrollee rights/protections, and cultural competency and how to evidence it.

Expectations of Providers:

- Contact Customer Services with questions or inquiries regarding accessing services/supports, Supports Intensity Scale process and reports, due process options, identifying and implementing culturally competent strategies, and addressing language assistance needs, etc.
- Assure that the network provider staff have access to timely training related to Customer Services, Cultural Competency, improving access and delivery of mental health services and other training resources/opportunities available via CLS, DWMHA and Detroit Connect Online Training.

EMPLOYMENT AND SKILL BUILDING

Contact Person: Gwen Mraulak
Employment Services Specialist 734-722-4588

The CLS Employment Services Specialist provides support to and monitors Employment and Skill Building Contractors. This includes assuring proper reporting of Medicaid covered services and promoting the utilization of alternative funding sources, such as Michigan Rehabilitation Services. The Specialist reviews Contractor service provisions and advises Contractors on budget/funding requests. The Specialist conducts a minimum of four field reviews annually with each Contractor to track Fire Safety Inspections, assess contractual compliance, quality management, and income generation. In addition, the Specialist advises CLS staff on individual budget development for employment services.

How Employment and Skill Building can assist Contractors:

- Serve as a resource regarding:
 - Health and safety in the community
 - Supported Employment and accessing the MI Department of Career Development
 - Job Coaching and follow along services
 - Completing/developing the Annual Vocational Assessment
 - Person-centered activity schedules
 - Job development
 - Micro-enterprise development
 - CLS billing protocols
 - Vehicle safety inspections
 - Monitoring community activities
 - Connecting people to their community
 - Quality management
 - Building Inspection for Health and Safety
- Provide guidance and consultation to Contractors, the individual and their support circle in problem solving
- Advise Contractors regarding contractually required components to be included in policies and procedures

Expectations of Contractors:

- Assist individuals in connecting with their community and building relationships
 - Complete and submit necessary paperwork
 - Assure that all staff are properly trained and in-serviced per contract requirements and individuals' personal plans
 - Engage in quality improvement activities

FAMILY SERVICES

Contact Persons:

Director of Family Services 734-722-7538

Licensing - Family Services Administrative Coordinator 734-722-6095

Identified Supports Coordinator 734-467-7600

Family Services provides support coordination services to all children and families enrolled with CLS. Children supported by CLS either live with their families or in CLS licensed foster homes. Family Services monitors foster homes for contractual compliance and compliance with licensing rules and regulations. Family Services also performs random field reviews, annual evaluations, and special evaluations of foster homes. The Children's Waiver Program and the Autism Benefit is coordinated by Family Services.

How Family Services can assist Providers:

- Complete annual criminal background checks for all caregivers in foster care homes
- Provide trainings on a quarterly basis on a variety of subjects
- Make referrals for clinical services and respite services, as needed
- Explore resources in the community to assist families
- Hold an annual appreciation lunch or dinner for foster parents

Expectations of Providers:

- Assist individuals in connecting with their community and building relationships
- Training every 2 years in CPR and First Aid; annual training in Recipient Rights, Medication Administration, Infection Control and Standard Precautions and Person Centered Planning for all caregivers.
- Participate in CLS monthly visits with the children, random field reviews, annual evaluations, and special evaluations
- Foster Parents must promptly notify Family Services of any changes in the family household

FINANCIAL AND BUDGETING SERVICES

Contact Person: June White, Director of Financial and Budgeting Services: 734-722-6802
Administrative Assistant: Elia Roberts, 734-722-7861

Budget Specialists and Financial Analysts work closely with Residential, Employment, Foster Care and Fiscal Intermediary Contractors to negotiate budgets. Financial Analysts authorize payments to Contractors based on Contract and budgets. The Finance Team analyzes expense and annual reports provided by Contractors/Fiscal Intermediaries and perform year end audits and cost settlement activities. Additionally, the Finance Team assists Supports Coordinators in developing self-directed budgets for individuals who choose to direct their own funds. Each Contractor/Fiscal Intermediary is assigned to their own person in Finance.

How the Finance Team can assist Contractors:

- Assist Contractors by phone and e-mail with issues that may arise regarding finances
- Participate in meetings regarding financial issues between the Contractor and CLS
- Consider contract adjustments in circumstances that significantly alter or affect funding level

Expectations of Contractors:

- Keep organized and complete records of budget expenditures
- Submit financial documentation accurately and in a timely manner based on claim submission rules
- Submit written requests for contract adjustment considerations to Supports Coordinator and Finance Team

How the Finance Team can assist Individuals and their support circle members:

- Complete a budget for the individuals who want to Self-Direct their budgets using historical and current revenue and expense information for individuals enrolled with CLS.
- Assist identifying natural and community resources to create cost effective budget plans and educate the principles of Person-Centered Planning, Self-Determination, and Fiscal responsibility.
- Facilitates all individual budget meetings and insures that agreements for the budgets are reviewed and signed by all stakeholders with their input.
- Review Revenue and Expense reports to identify any discrepancies and assist Supports Coordinators in resolving them with the individual and their circle.
- Act as a liaison to the Fiscal Intermediaries and work collaboratively with other departments.

HEALTH CARE COORDINATION & INTEGRATION

Contact Persons:

General Questions - Administrative Assistant 734-467-7600, ext. 6793

Home Health Care Questions – Health Care Coordinator 734-467-7600, ext. 6594

Clinical Questions – Clinical Care Specialist 734-467-7600, ext. 6827

Behavioral Health Questions – Behavioral Health Manager 734-467-7600, ext. 4398

Feedback pertaining to the HCCI Department- Integrated Care Director 734-467-7600, ext. 7693

The HCCI department coordinates and assures compliance with CLS clinical protocols when processing clinical authorization and referral requests and maintains tracking systems to avert over-utilization or duplication of clinical services. This department oversees coordination of home health care services and assists Supports Coordinators with incorporation of Medicare services into persons' Personal Plans. The HCCI department also facilitates discharge planning from the hospital or rehabilitation/extended care facility. Provides oversight of the activities required when persons are enrolled in the MI Health Link program. Offers nursing and psychological clinical consultation.

How HCCI can assist Providers:

- Answer questions regarding authorizations and referrals for clinical services
- Answer questions related to clinical services delivery
- Answer questions related to home health care services
- Answer questions regarding the MI Health Link program
- Provide feedback on clinical services delivery
- Provide clinical consultation with a RN and Psychologist
- Assist with Integrated Care and Care Coordination
- Provide information on hospital and rehabilitation/extended care facility admission and discharge

Expectations of Network Providers:

- Assist with coordination of hospital and rehabilitation/extended care facility discharge planning
- Assist with coordination of home health care services
- Follow-up on referrals and authorization for clinical services within the authorized time frame
- Utilize the *Notice of Change in Clinical Service* form when requesting a change in authorization for clinical services
- Ensure that documentation of clinical services is accurate, complete, and addresses all health and safety needs applicable to the service authorized

HOUSING SERVICES

Contact Persons:

Manager of Property and Buildings: 734-722-7764

The Manager of Property and Buildings assists with housing activities, working with CLS staff and subcontractors to assure the provision of housing, property management and environmental modification services for all persons supported by CLS.

CLS Buildings and Property Departments acts as a resource for Contractors and People we support:

- ✓ Provides leasing, assistance with maintenance, home inspections, and property management for CLS leased homes and most homes leased directly by persons supported by CLS;
- ✓ Provides leasing, property management, and consultation to Staffing and Fiscal Agencies on needed repairs and maintenance in homes where persons supported by CLS have Self Determination budgets; assists directly with unresolved maintenance issues and safety and security concerns in those settings;
- ✓ Completes requested environmental modifications for all locations in which a person supported by CLS lives;
- ✓ Coordinates housing resource services designed to develop affordable housing opportunities for individuals supported by CLS;
- ✓ Provides assistance with locating and accessing desired living arrangements on behalf of individuals supported by CLS.

How CLS can assist Contractors:

- Provide property management in a wide range of housing situations;
- Provide technical assistance to contractor on complex maintenance and repairs needed in homes. Respond to emergencies;
- Assist with identifying and leasing accessible, affordable rental housing;
- Provide for timely repairs and maintenance for CLS contracted homes;
- Coordinate resources for persons supported by CLS to access affordable housing opportunities.

Expectations of Contractors:

- Assist tenants in understanding their rights and responsibilities as specified in the lease;
- Know and understand the varying maintenance and repair roles carried out by contractor as either contract provider, staffing agency or fiscal intermediary;
- Know and attend to lessee responsibilities as stated in the lease, e.g., routine maintenance;
- Notify CLS and/or fiscal intermediary in a timely manner regarding maintenance needs;
- Appreciate the shared responsibility between Contractor and CLS in assisting people supported by CLS in finding and maintaining housing.

INFORMATION TECHNOLOGY

Contact Persons:

Chief Information Officer 734-467-7600, ext. 7188

IT Manager, 734-467-7600, ext. 7914

Service Desk - 734-467-7600, ext. 4495

Information Technology (IT) maintains CLS' computing devices and applications including OnBase Document Management, SQL Server databases, Email service, Telecommunications etc. IT staff also manages development and support for core enterprise systems, infrastructure, hardware components and service contracts. The IT Department also performs Intranet and Internet Management responsibilities, including maintaining websites (Intranet and Internet), Virtual Private Network link and several links with Contractors. IT staff support multiple software and systems to assist in data processing and reporting.

How IT can assist Providers:

- Work jointly with Contractors regarding data communications
- Develop efficient, secure, and compliant data communications between Contractors and CLS
- Provide and support access to key CLS systems to be used by Contractors

Expectations of Providers:

- Communications regarding individuals enrolled with CLS should comply with HIPAA and HITEC regulations and the MI Mental Health Code

LEGAL SERVICES

Contact Person:

Legal Services Assistant 734-467-7600, Fax- 734-467-7639

The CLS Legal Services Department performs the following functions related to the Provider Network:

- Drafts provider contracts in accordance with DWMHA MCPN contractual requirements, State and Federal law and applicable policies, etc.;
- Reviews laws and regulations that affect CLS contracts, policies and operations;
- Oversees the development of CLS policies and procedures to ensure compliance with applicable DWMHA policies and applicable laws and regulations;
- Prepares for and attends Medicaid Fair Hearings;
- Reviews and resolves reported compliance issues;
- Reviews and responds to subpoenas and requests for records;
- Coordinates litigation; and
- Reviews recommendations for remedies and sanctions related to contractual breaches and performance deficiencies, as applicable.

How Legal Services may assist Providers:

- May provide information regarding Network Providers' contractual obligations.

Expectations of Providers:

- Network Providers are expected to provide written notification to the CLS Legal Services Department within one (1) business day in the event of: (a) notice of a legal claim or (b) any action taken or investigation initiated by an accrediting body or any government agency or program that does or could adversely affect the delivery of services under this Contract.
- Network Providers are expected to contact the CLS Legal Department to obtain prior written consent to disclose or produce an original or copy of any of the terms of a provider contract to a third party unless such disclosure is permitted by Contract.

Network Providers are directed to consult their respective contracts for additional information.

MEDICAL

Medical Director 734-467-7626, ext. 4084

Individuals supported by CLS receive medical care from community-based primary care physicians who make referrals to specialists when needed. The CLS Medical Department actively promotes coordination of care between primary care physicians and psychiatric service providers. They encourage physicians to adhere to community standards of care, and to treat each patient based on that patient's physical and mental health needs. CLS physicians also serve as an agency resource by providing medical knowledge, information and liaison services to individuals supported by CLS, their support circle members and clinicians.

How the Medical Director and Medical Consultant can assist Providers:

- Liaison between individuals and their support circle members, clinicians, CLS staff, and community health care providers, including primary care physicians, specialists and hospitals

Expectations of Providers:

- Encourage and assist people in choosing their own community health care providers, consistent with person-centered planning
- Ensure that people keep medical appointments, and share information about those appointments with support circle members (with appropriate consent)
- Promote coordination of care by making sure that individuals bring their health care binders with them to every appointment or visit
- Attend to a person's medical care as prescribed by that person's treating physician(s)
- Comply with the Michigan Mental Health Code and all applicable policies addressing physical and mental health needs of persons supported by CLS
- To practice the highest quality of physical and behavioral health care, consistent with community standards of care
- Supply CLS with copies of all medical/psychiatric consultation forms, hospital discharge summaries and consents for the use of psychotropic medication

NETWORK MANAGEMENT

Contact Persons: Deborah Robins, Senior Director 734-467-7600, ext. 5029

General Questions - Administrative Assistant 734-467-7600, ext. 4877

Credentialing and Compliance Questions - Network Liaison 734-467-7600, ext. 7595

Network Management (NM) serves as a liaison between CLS and its Providers and manages the credentialing process of members of the Provider Network. NM reviews contract applications, meets with prospective contractors, maintains all contract-related documents, completes reviews of contractors, staffing agents, and assists as needed with resolving contractual concerns. NM staff screen Staffing Agent Credentialing and Qualification Packets submitted by Staffing Agents and maintain the List of Credentialed Staffing Agents for individuals interested in obtaining Staffing Agent services. NM also assists in activities related to CLS accreditation.

How Network Management can assist Providers:

- Attend monthly off-site provider meetings as the CLS liaison between Contractors and other CLS departments
- Hold quarterly network provider meetings at CLS to share information, answer questions, and address concerns
- Assist Contractors and Staffing Agents in understanding and navigating contract application and Staffing Agent Credentialing and Qualification Packet requirements
- Oversee the Contract Compliance Concerns Resolution Process
- Provides training for Progress Notes, and the 3803 Time Study Worksheet
- Process requests for access to CLS Systems: ARROW, OnBase, Common Repository, and Authorization functions for a Biller and/or as an Administrator.
- Process requests for Contractor clinical staff ID number
- Provide communications to network providers from CLS, Detroit Wayne Mental Health Authority, etc.

Expectations of Providers:

- Complete and submit contract applications and Staffing Agent Credentialing and Qualification Packets in a timely manner
- Respond to requests for information in a timely manner
- Promptly notify NM of any changes of information regarding Provider's organization
- Ensure that all Provider staff are in conformance with all applicable credentialing requirements

PURCHASING

Contact Persons:

Controller: 734-467-7600, extension 4365

Durable Medical Equipment - Purchasing Specialists: 734-467-7600, extensions 4640 and 7237

Purchasing staff will coordinate purchases and repairs of Durable Medical Equipment for individuals by CLS.

How Purchasing can assist Contractors:

- Purchasing Specialists can answer questions about Durable Medical Equipment

Expectations of Contractors:

- Contact Purchasing Specialists as soon as you are aware that equipment repairs are needed.
- Place the recipient's name on the actual documents, as well as the envelope to accelerate mail distribution at CLS

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PERSONAL SUPPORTS AND SERVICES

Contact Persons: Suzanne Henson, Operations Director 734-722-5768

Veryl Williams, Deputy Operations Director 734-722-7899

The Supports Coordinator (SC) is the primary contact for the Contractor, the individual receiving services, and the individual's representative and support circle. The SC coordinates each individual's supports and services, and acts as their primary advocate within the mental health system.

Personal Supports and Services staff perform the following functions:

- ✓ Write and modify individuals' Personal Plans, based on input from individuals, their support circles, and professionals providing services and supports
- ✓ Assist individuals in connecting with family, friends, and the community
- ✓ Coordinate individuals' personal resources with community programs to gain maximum use of all available resources
- ✓ Help individuals develop and manage self-directed budgets

How Personal Supports and Services can assist Providers:

- Serve as a liaison between other CLS departments and service providers
- Identify and link with community resources
- Facilitate meetings regarding individuals the SC supports
- Answer questions regarding individuals' services and supports
- Modify Personal Plans and notify Budget Specialists of the need to modify self-directed budgets, as needed and approved
- Make referrals for clinical, employment, respite services, etc., as needed
- Assist with obtaining and maintaining entitlements

Expectations of Providers:

- Consistently follow individuals' Personal Plans
- Immediately notify the SC of any changes in an individual's status that may require a modification to their Personal Plan
- Maintain open communication with the SC
- Work cooperatively with other service providers

PUBLIC RELATIONS

Contact Person: Tiffany Devon
Public Relations Director 734-722-7185

The Public Relations department is responsible for internal and external communications for Community Living Services and Friends of Community Living Services. The PR department also serves as a resource for the Personal Services and Supports department, specifically the Supports Coordinators. The PR Director ensures communications to all stakeholders i.e. CLS staff, Providers, people receiving services, community members, legislators, parents and guardians, advocates, etc. is accurate, easy to understand and informative. Communications may take the form of media press releases, newsletters, flyers, brochures, annual reports, crisis management, intranet, website, videos, and other forms of communication. The PR Director is also responsible for communications to the Friends of CLS Board of Directors, a separate 501 c 3 non-profit organization, in the form of agendas, minutes, fundraising flyers, brochures, invitations and events. The PR Director is also responsible for overseeing the Citizens Advisory Committee and sits on the CLS Safety Committee.

How Public Relations can assist Providers:

- Distribute information regarding fundraisers and other events
- Assist Providers in providing the general public with stories of achievements and other feature stories Process requests for grants from Friends of CLS, Inc.
- Assist with media inquiries especially in crisis situations

Expectations of Providers:

- Inform the Public Relations Department about stories of achievements and other feature stories
- Contact the PR department when there is a crisis that involves a person receiving services from CLS which could turn into a media story

QUALITY MANAGEMENT

QM Director 734-467-7600, ext. 6464

QM Monitoring Coordinator 734-467-7600, ext. 7382

Administrative Assistant 734-467-7600, ext. 4690

Quality Management (QM) is responsible for promoting CLS' Continuous Quality Improvement practices implemented to help people achieve quality outcomes. CLS' Critical Success Indicators measure effectiveness, efficiency, and satisfaction with supports, and tracks outcomes from improvement process actions. The CLS Quality and Utilization Management Committee focuses on key service delivery areas and required critical success indicators. These indicators are established in the MDCH Performance Indicator Reporting System, as well as Strategic Planning Goals established by CLS' Board of Directors, and DWMHA.

QM staffs coordinate a number of internal monitoring activities, which focus on maintaining and/or improving quality supports and services provided by CLS and its Contractors. These activities include Concerns Database management, Utilization Review processes, Fire and Personal Safety processes, Satisfaction Surveys, Satisfaction Red Flag Reviews, Provider level plus MCPN level Case Record Reviews, Medicaid Claims Verification Reviews and Residential Environmental Health and Safety Reviews. The QM Department is also responsible for CLS' overall effort to comply with federal, state, and DWMHA standards and regulations by coordinating and tracking the implementation of responses to routine external audits.

How Quality Management can assist Contractors:

- Guide/consult on development of Quality Assurance Plans
- Provide guidance on issues related to home licensing, internal/external surveys and Medicaid Claims Verification Reviews
- Consult on development of Contractor survey and review/audit improvement actions
- Provide Plans of Correction (POC) with indexed monitoring sheets
- Provide Fire Safety Coordinator registration and training
- Provide quarterly Fire Drill Status Reports for licensed homes and unlicensed homes with four or more people
- Provide Annual Tornado Drill Status Reports for licensed homes and unlicensed homes with four or more people

Expectations of Contractors:

- Establish a Quality Assurance Plan
- Demonstrate ongoing implementation of Quality Assurance Plan activities
- Submit routine Fire Drills and seasonal Tornado Drills for licensed homes and homes with four or more people
- Submit fire safety E-Scores for licensed homes and personal homes with 4 or more people
- Submit Personal Safety checklists for personal homes with 3 or less people
- Submit Fire and/or Smoke Emergency Incident Summary Reports upon occurrence
- Notify QM department about Department of Human Services surveys and survey results
- Submit requested improvement action responses within required time frames
- Implement identified improvement/corrective actions

RIGHTS AND ADVOCACY

Rights and Advocacy Department Main Line	(734) 722-4734
Rights and Advocacy Department – Facsimile	(734) 722-4141
After Hours – Emergency On-Call (After 4:30 P.M. daily and on weekends)	(734) 238-7246

Effective June 7, 2004, D-WCCMHA assumed responsibility of the Rights Protection System in Wayne County. On March 10, 2005, the transition of CLS' recipient rights responsibilities to the D-WCCMHA was completed. At that time the CLS Rights and Advocacy Department was created to perform rights-related and advocacy-based activities. These activities include consultation and assistance to persons receiving services and their families, CLS and Contractor staff. Each Contractor and Credentialed Staffing Agent has an assigned CLS Rights Advocate.

The Rights and Advocacy Department also performs the following functions:

- Reviews all Unusual Incident Reports on a daily basis to identify any Rights violations, Critical Events and/or Sentinel Events. Obtains any pertinent/supportive documentation needed, ensures that appropriate action is taken in order to prevent reoccurrence of the reported incident and focuses on strategies aimed to achieve the prevention of potential risks, incidents or situations in accordance with DWMHA ORR, CLS and recipient rights policies.

Incident: The occurrence of any event that happens with any individual supported by CLS, Inc. throughout our network. Reportable incidents shall include, but are not limited to: Alleged Neglect/Neglect; Alleged Physical Abuse/Physical Abuse; Alleged Sexual Abuse/Sexual Abuse; Any explained or unexplained injury of a recipient; Any incident, accident or illness that results in transport to a Urgent Care, hospital emergency room or admission to a hospital; Attempts at self-inflicted harm or harm to others; Critical No Show; Death (suspected suicide, drug overdose, homicides, and unexpected death); Discharged from a state facility within the last 12 months; Elopement; Environmental incidents/emergencies that could place recipient(s) at risk; Exploitation; Illegal activity in the home; Medication errors; Physical health medical problems (i.e., Urgent Care, ER/ED visits or hospital admissions); Physical Management intervention (use of restraints/restrictive interventions/seclusion); Problem behavior not addressed in a plan of service or behavioral episode towards another recipient or staff (i.e., 911 calls or police involvement, assault on another recipient, assault on staff or caregiver, suicide attempt/s); Recipient arrest or conviction; Significant/serious recipient destruction of property; Suspected criminal offenses by or against a recipient; Theft, and/or Worker drugs/alcohol.

Critical Event: Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a person. Critical Events include but are not limited to: all urgent Care, Emergency Room and Hospitalizations due to injury, medication error, mental health and/or physical health condition. All deaths, serious challenging behaviors such as harm to self or others, elopement, property destruction, police intervention, arrest/convictions, and environmental emergencies. The CLS Rights and Advocacy department will follow up to assure that needed safeguarding efforts to eliminate or lessen risk of occurrences are being pursued. All identified critical events are reported to DWMHA in MH-WIN.

Sentinel Events: (An unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Sentinel Event categories are unexpected death,

serious illness requiring admission to the hospital, accidents resulting in injuries, serious challenging behaviors, any arrest, convictions and medication errors which resulted in a death or the serious injury or the risk thereof) the CLS Rights and Advocacy department will investigate incidents identified as Sentinel Events and report findings to the CLS Sentinel Event Committee that conducts a root cause analysis for quality improvement purposes. In addition, these events are reported to DWMHA in MH-WIN.

- Completes the record reviews and investigations for identified Critical Events and Sentinel Events. Obtains any pertinent/supportive documentation needed regarding the identified incident/event and ensures that any requested appropriate action has been taken throughout the CLS network and that safeguards are in place if needed. The Rights Advocate works with the Contracted Provider and/or Credentialed Staffing Agent to ensure all action requested is performed.
- Investigates and reviews all circumstances surrounding persons' death. Conducts a death and record review, obtains all pertinent documentation needed regarding the situation and reports all deaths to DWMHA ORR as required.
- Reviews, responds to, and monitors contractual responsibilities and/or issues regarding the recipient rights system as required and/or reported by the DWMHA Office of Recipient Rights (ORR).
- Ensures that the requested appropriate action has been taken throughout the CLS network, works with Contractors and Credentialed Staffing Agents to resolve identified issues related to recipient rights violations, promptly and diligently implements, or ensures the implementation of any corrective or remedial action determined or approved by the Authority, County, State or Federal Agencies, and obtains any safeguarding measures if needed.
- Maintains a database of Unusual Incident Reports, Critical Events, Sentinel Events and Reports of Investigative Findings to track patterns and trends within the CLS network.
- Assists persons supported by CLS and their families in navigating the Recipient Rights system.
- Maintains a database of individuals with rights violations substantiated against them.
- Participates on various CLS committees related to quality of service delivery.
- Conducts internal or contractual investigations for CLS as requested/warranted.
- Has an On-Call Protocol for after hour's access to CLS to enable persons served and their Service Providers/Credentialed Staffing Agent, to reach CLS regarding serious issues and/or situations that occur after regular business hours. This protocol is to assist in the immediate and appropriate action to be taken to assure the health and safety of the person served by CLS. A CLS On-Call Supervisor shall be available after agency business hours, including weekends and holidays and for the purpose of facilitating timely notification to the DWMHA ORR if needed.

How Rights and Advocacy can assist Contractors and Credentialed Staffing Agencies:

- Work cooperatively with Contractors and Credentialed Staffing Agencies to develop proactive steps based upon patterns and trends identified from the review of Unusual Incident Reports, Critical Events, Sentinel Events and Reports of Investigative Findings.
- Assist Contractors and Credentialed Staffing Agencies in navigating the DWMHA recipient rights system.
- Attend support circle meetings and/or crisis intervention meetings, when requested.
- Consult regarding rights restrictions when requested by the Rights Restrictions Due Process Committee.

Expectations of Contractors and Credentialed Staffing Agencies:

- **Deaths** - Immediately report any death to the Rights and Advocacy Department by telephone, and follow-up with an Incident Report and any supportive documentation regarding the circumstances surrounding the death. When CLS is closed, contact the CLS On-Call supervisor (See “After Hours On-Call Expectations”) and follow-up with an incident report.
- **Unusual Incident Reports** – Must be received within 24 hours of an incident. Fax to both CLS Rights and Advocacy Department (734)722-4141 and DWMHA ORR (313)833-2043. Mail the original to the Rights and Advocacy Department within 24 hours. In addition to the UIR, please provide supportive documentation regarding the incident such as ER/Urgent Care/Hospital paperwork, consultation and referral forms, police report numbers, police report, rights complaints, etc. In addition, if follow-up needed an ER/Urgent Care or Hospitalization – ensure follow-up is scheduled and documentation is sent to the Rights and Advocacy Department.
- **Michigan Mental Health Code/Administrative Rules/Training**- CLS has rights policies that are in compliance with and include provisions from the Michigan Mental Health Code, Administrative Rules, MDHHS and DWMHA rights policies. A contractual agreement is in place with CLS, DWMHA, and the CLS network that all new hired staff, volunteers or agents of the community mental health (CMH) system, including CLS employees. Effective 8/14/17 all newly hired staff **must** receive face to face Recipient Rights training from DWMHA within 30 days of hire. Failure to meet this requirement can render the employer as “Non-Compliant”. All registration for this training is done by the employer through MH-WIN. After the initial face to face Recipient Rights training, the requirement is annual via Detroit Wayne Connect prior VCE training site. The CLS Human Resources Department oversees the compliance with these training requirements for all CLS employees.
- **Reports of Investigative Findings and Site Assessments** – Mail a copy of all reports received from DWMHA ORR to the Rights & Advocacy Department within three days. Copies of Remedial Action Plans for all substantiated rights cases sent to DWMHA ORR should also be mailed and/or faxed to the Rights and Advocacy Department.
- **Posting** - The Contracted Provider and Credentialed Staffing Agencies shall post in a conspicuous place at its service site(s) or (for Personal homes) provide unrestricted access to: A summary of all Recipient Rights guaranteed by the Mental Health Code, the MDHHS/Office of Recipient Rights (ORR) Reporting Requirements poster, instructions on how to contact/access DWMHA Recipient Rights, and DWMHA’S Due Process poster. The Contracted Provider and Credentialed Staffing Agencies shall make readily available Rights Complaint forms, Unusual Incident Reports, Your Rights booklets, the DWMHA’S brochures regarding Due Process Rights, and MDHHS Request for Administrative Hearing forms. The Contracted Provider and Credentialed Staffing Agencies shall provide reasonable assistance to Persons in using or completing forms.

CLS has posted in its lobby and in the Rights and Advocacy Department, posters identifying the violation of rights to report, reporting requirements and the methods in which to report. Recipient Rights Complaint forms [English, Arabic and Spanish], and Unusual Incident Reports are available in the front lobby of CLS, in the Rights and Advocacy Department and are available to the person’s supported by CLS as well as family members and staff. Please contact the CLS Rights and Advocacy Main line, 734-722-4734, if you need any of these forms and/or documents.

All Recipient Rights Complaints must be reported to the DWMHA ORR at 1-888-339-5595 and/or faxed to (313)833-2043. Copies of Unusual Incident Reports need to be provided to the DWMHA ORR as well as to the CLS Rights and Advocacy Department. Contractors and Credentialed Staffing Agencies are responsible for reporting incidents, as needed, to the Michigan Department of Human Services- Child/Adult Protective Services and/ or Licensing and Local Police if needed.

TRAINING

Website: www.myclstraining.com

All classes offered can be located at the website. Information includes location, date, training class, and other important information.

Students who create a user name and password can register, track, and manage their classes provided through the CLS Training Department. Options to print certificates and view completed classes are offered as well.

Providers who take Provider Manager Role Training are able to track employees training status and register, review and print employee transcripts. Please contact Training Director for more info.

Contact Persons:

Training Technician 734-467-7600, ext. 4595 (Training website and registration questions)

Training Director 734-467-7600, ext. 5465 (Training Operations and Partnerships)

The **CLS Training Department** offers a variety of educational supports, including mandated training for Providers' employees, in-home education and supports, and crisis management education.

Training for Providers' staff meets mandated MDHHS, DWMHA, and CLS requirements. Classes are offered fifty (50) weeks a year at Schoolcraft College-Radcliff Center in Garden City, Michigan, on the following topics:

- **Introduction to Community Living**
- **Working with People 1: Introduction**
- **Working with People 2: Positive Techniques**
- **Basic Health**
- **Basic Medications**
- **Medication Administration Competency Review**
- **Nutrition**
- **Environmental Emergencies**
- **First Aid and CPR**

Spirit of Support is in-home education for staff offered as an alternative to the traditional Working with People modules offered at Radcliff Center.

Culture of Gentleness is a ten hour training program designed to be provided as an "in-home" practicum. This training is part of the Training of Trainer process that provides training to direct support staff and trains trainers within the contractor's organization to provide continuing education opportunities within their own organizations.

Training of Trainers is a certification program for Contractors that meets MDHHS training requirements and allows the Contractor to train its own employees in Spirit of Support, Culture of Gentleness, Medication Administration Competency Reviews (MACR), and other training developed under the Training of Trainer educational model.

How Training can assist Providers:

- In-home education and supports can be provided on the following topics:
 - Building relationships
 - Getting along with others
 - Building community connections
 - Making a house a home
 - The intention of our words
 - Understanding the people you support
 - Understanding yourself
 - Making friends

Expectations of Providers:

- New employees are to receive training applicable to the individuals that they will be working with.
- All employees must complete New Hire Recipient Rights Training (NHRRT) within 30 days of being hired.
- New Hire Recipient Rights trainings taken prior to a hire date of 8/12/15 through other approved CMH's and trainers must be submitted to the ORR training unit for verification and approval.
- CPR and First Aid training is required within 30 days of hire for all persons providing direct care supports.
- Review individuals' Personal Plans to assure that all required training for employees is completed
- Ensure that all employees receive the required training updates (i.e. Recipient rights, CPR, Medication Administration Competency Review, cultural diversity, etc. as applicable)
- Register new employees for training at the earliest possible date
- Send copies of employees training from alternative sources to the CLS Training Department

FRIENDS OF CLS

Contact Person: Tiffany Devon
Public Relations Director 734-722-7185

Friends of CLS, Inc. (Friends) is a 501 (c) 3, non-profit corporation dedicated to assisting people supported by CLS. The Friends of CLS Board of Directors meets on a quarterly basis and reviews grants and financial information provided by the Chief Financial Officer of CLS. The Friends fund generates money through donations and fundraisers. The dollars are used to purchase specific items that are not covered by Medicaid or Medicare. The Friends Board approves items such as funeral expenses, clothing, community memberships, furniture, rent/security deposits, utility bills, dental requests, college courses, start-up funds for small businesses, eyeglasses and much more. All other resources must be exhausted before coming to Friends of CLS for assistance. Grants are distributed based on criteria established by the Friends Board of Directors and those requests must be consistent with CLS values and principles such as promoting inclusive activities which are available to all members of the community.

Generally, grants are approved for opportunities such as:

- ✓ Community involvement
- ✓ Clothing
- ✓ Dental
- ✓ College courses

Some of the opportunities for individuals that Friends has supported:

- ✓ Health Club memberships
- ✓ Funding for micro-enterprise, small businesses
- ✓ Tuition for college classes
- ✓ Funeral expenses

Initiating a request from Friends

Anyone can initiate a request from Friends on behalf of an individual receiving services from CLS but the request must be completed by the person's Supports Coordinator and approved by the Supports Coordinator's Manager. Friends of CLS forms are located within the Public Relations department.

Contributions to Friends of CLS, Inc.

Friends of CLS will accept gifts of any amount. Donations can be in the form of cash, check, real estate, stock, insurance policies, bequests, wills and trusts and can be made in person, sent in the mail, or on-line at www.comlivserv.com.

CLS OPEN COMMITTEE LISTING

Accessibility Committee

Chairperson: Sylvia Brooks

Citizens Advisory Council

Chairperson: Barb Ashteneau

Citizens Family Advocate Panel Committee

Chairperson: Maureen Cahalan

Individual Budgeting and Contract Committee

Chairperson: June White

Living Lifestyles Committee

Chairperson: Carol Kuyava

Behavior Treatment Plan Review Committees

Chairperson: Dr. Kim

Peer Leadership & Consumer Advocacy Committee

Chairperson: Mike Olver

Public Relations Committee

Chairperson: Tiffany Devon

Quality & Utilization Management Committee

Chairperson: David Taylor

GRIEVANCE AND APPEALS PROCESSES

Contact Person(s):

Director of Customer Services: 734-722-5487

Customer Services Administrative Assistant: 734-722-4686

Customer Services Line: 734-722-6364

CLS Toll Free Number 1-866-381-7600

The primary goal of the grievance and appeals process is to promote resolution of concerns and enhance the overall quality of care. All Persons receiving CLS supports have the right to a fair and efficient process for resolving complaints regarding their services and supports delivered by the CLS provider network.

Recipients of and applicants for mental health services have access to multiple options to seek resolution of a grievance or to appeal an “Action” (e.g. reduction, termination, denial or suspension of supports and services). Grievance and appeal options include, but are not limited to:

- Second Opinion – A dispute resolution process that is accessible at no cost to the Person/applicant when there is an eligibility decision that results in the denial of access to all community mental health supports and services, or a decision to deny inpatient hospitalization.
- Recipient Rights Complaint – Persons, or anyone acting on behalf of a Person, may file a Recipient Rights complaint to address concerns of a possible rights violation. There is no requirement that grievances or appeal processes be exhausted prior to filing a Recipient Rights complaint. Please note that applicants seeking access to community mental health supports and services may not file a Recipient Rights complaint for denial of services suited to condition if not currently a recipient of mental health services. However, an applicant can file a Recipient Rights complaint if the request for a Second Opinion is denied.
- Grievance Process – A Person or his/her legal representative may file a Grievance (“an expression of dissatisfaction”) any time regarding dissatisfaction with any aspect of service provision other than an “Action” (denial, reduction, suspension or termination of a service) or an allegation of a recipient rights violation.
- Local Appeal/Local Dispute Resolution Process – CLS works in concert with the DWMHA to implement and maintain a Local Appeal Process/Local Dispute Resolution Process. The Local Appeal Process allows for a local level, impartial review of a Person’s appeal of an “action” Requests for Local Appeals may be filed orally or in writing. DWMHA has the responsibility to review and approve the final decision or resolution for an appeal.
- Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution Process (non-Medicaid beneficiaries) – MDHHS maintains responsibility regarding Alternative Dispute Resolution processes for Persons not receiving Medicaid. This provides a forum for an impartial review of cases after a decision has been rendered through the local appeal/dispute resolution processes. Persons who do not receive Medicaid may request an Alternative Dispute Resolution through MDHHS) if he/she has completed the Local Appeal process and remains dissatisfied with the result.

- Medicaid Fair Hearings (for Medicaid recipients) - Impartial state level review of a Medicaid beneficiary's appeal of an "Action" presided over by an Administrative Law Judge. To be eligible for a hearing the written request must be submitted within ninety (90) days from the date of the Notice of Action or the failure to resolve a Grievance within sixty (60) days.
- The Customer Services Department at CLS work in concert with DWMHA regarding the grievance and appeals processes. CLS enrollees are provided information about grievances and appeals, dispute resolution processes at the time of enrollment, during the development/review of the Personal Plan, and any other time upon request. Information includes notification of the right to file a grievance or an appeal/dispute, how to request a fair hearing, rules, forms, contact information, and information regarding service continuation/reinstatement after receipt of a notice of action impacting Medicaid services. Written notice of action must be provided whenever there is an "Action", the notice must contain information pertaining to the nature of the "Action" to be taken, the basis for the "Action"; and an explanation of appeal rights for the Person.

How CLS can assist Network Providers:

Communication between Providers and CLS is essential in processing requests and resolving issues.

- Customer Services can provide assistance in securing, completing and forwarding any forms or paperwork related to filing a grievance or an appeal;
- The Customer Services Department can be contacted to obtain assistance with all processes or to obtain general information regarding notices of action; and
- The Rights and Advocacy Department can be contacted to obtain assistance with securing, completing, or forwarding Recipient Rights materials and complaints.

Expectations of Network Providers:

- Develop processes for handling reported grievances that include periodically assessing Persons' satisfaction with services; make reasonable efforts to resolve disputes; and report matters relating to the Grievances/dissatisfaction of services to the CLS Customer Services Department by the close of business on the day of receipt;
- Maintain a record of appeals and grievances and their disposition/resolution. The record must be available for review, and shall reflect requests for any Medicaid services that were denied.
- Submit above records and information to CLS Customer Services on a monthly basis so that it may be included in the CLS monthly report to DWMHA;
 - Be available to assist Persons in completing and filing required forms. Please note that Persons, Network Providers, or staff who participate in grievance and appeal processes may not be punished, penalized, or in any way harmed for accessing these processes;
 - Comply with the grievance and appeal requirements;
 - Cooperate with any CLS, DWMHA, State, or Federal investigation into any alleged or suspected violation of any Person's Rights, Due Process/Appeal or Grievance Rights;
 - Abide by determinations made by the DWMHA Office of Recipient Rights, any State or Federal agency, or CLS regarding Recipient Rights, Grievances, or Appeals and promptly and diligently implement any remedial action required; and
 - Provide prior notice to CLS if an event may result in an "Action" to be taken by the Network Provider so that the decision may be addressed through the Person-Centered Planning Process and coordinated with the Personal Plan.

CONTRACT COMPLIANCE CONCERNS RESOLUTION PROCESS

The Contract Compliance Concerns Resolution Process was developed to assist CLS staff and Network Providers to work together to resolve contractual concerns. During the first steps of the process CLS staff and Provider staff communicate verbally and in writing to clarify and attempt to resolve the identified concerns. CLS staff documents their actions in writing.

When concerns are not satisfactorily resolved, a representative from the Network Management Department (NM) shall become involved in the process. NM schedules a meeting with the involved CLS staff and the Provider to discuss the concern(s) and resolution. If the concerns are not resolved during, or following this meeting, NM staff shall present the unresolved concerns to the Legal Department, Vice President of Operations, and/or the President/CEO as appropriate, for consideration of additional actions.

PROTECTION OF PERSONAL HEALTH INFORMATION

Network Providers are required to comply with all applicable Federal laws and regulations regarding confidentiality, privacy and security, including without limitation, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act. In a manner that is consistent with federal law, the Network Providers are also required to comply with the Michigan Mental health Code (MCL 330.1748) and other applicable state law, rules, administrative directives, MCPN contractual requirements, and DWMHA policies governing the confidentiality, privacy, or security of any data created, received, obtained, used, maintained, or disclosed pertaining to Persons.

HIPAA establishes among other things, requirements for safeguarding the privacy and security of Protected Health Information (PHI). Network Providers are also obligated to implement safeguards to prevent unauthorized use or disclosure of PHI and other confidential information. This includes policies and procedures to protect the confidentiality and security of Persons' records, and implementing and maintaining appropriate administrative, physical and technical security measures to prevent the unauthorized or accidental use or disclosure of PHI and other confidential information. It also includes periodic risk assessments of security measures to ensure that appropriate safeguards are in place.

Network Provider's policies and procedures shall, at a minimum, include the following:

- Outline a process for reporting and responding promptly to a breach of confidentiality in order to minimize the impact and/or prevent further breaches;
- Require periodic training of all employees regarding confidentiality and the importance of safeguarding the privacy of PHI, and the procedures for appropriate disclosure of that information;
- Require appropriate authorizations from the Person or their legal representative for release of information; and
- A process for using or disclosing PHI to the extent necessary to perform its duties under the Contract, or as permitted or required by law
- Notification/reporting process for incidents and breaches of PHI Network Providers are directed to consult their Contracts and Business Associate Agreements for additional information.

BEHAVIOR TREATMENT PLAN REVIEW COMMITTEES

CLS has a **Behavior Treatment Plan Review Committee (BTPRC)** to assure that Persons' rights are not restricted unnecessarily, and that restrictions or intrusions upon Persons' freedom shall be made only where there is clear evidence of risk of harm to the individual or to others. The Committee will review proposed restrictions and intrusions, ensuring that an evaluation of the behavior leading to the recommendation for a restriction or intrusion has been performed, positive behavioral supports and other, less restrictive / intrusive, techniques have been tried and have proven unsuccessful, and that physical, medical and environmental reasons have been ruled out as causes for the behavior. The Committee will also document the presence of the legally-empowered person's consent for the intrusion or restriction. The Committee approves or disapproves the proposed restriction/ intrusion, and may suggest alternative, less restrictive/intrusive techniques to address the target behavior.

Examples of restrictions include:

- Limiting access to food, clothing, or other personal belongings
- Restricting access to the telephone or mail
- Use of seatbelt guards/harnesses
- Restricting access to potentially harmful items such as knives, matches, scissors, etc.

Examples of intrusions include:

- Wearing a helmet during all waking hours
- Use of alarms or monitoring devices (i.e. door alarms, baby monitors)
- Wearing mitts or gloves
- Direct observation during a time which otherwise would be considered private (e.g., while bathing or using the restroom when direct assistance is not needed)

Expectations of Network Providers:

- Notify the Persons' Supports Coordinator if a Person's behavior poses a health and safety risk to themselves or others and it appears that a restriction/intrusion may be necessary to keep the Person or others safe from harm.
- Ensure all staff providing direct services to Person have been inserviced on and follow the Person's Personal Plan and Behavior Treatment Plan, if applicable.
- Maintain communication with Person's Supports Coordinator, Psychologist, and other clinicians working with the Person to ensure that Person's health and safety needs are met

AFTER HOURS ON-CALL EXPECTATIONS

APPLICABILITY:

The following applies to all Service Providers under contract with Community Living Services, Inc. (CLS), a Manager of a Comprehensive Provider Network, their subcontractors and to any Support Aide in the employment of an individual receiving service(s) from CLS, all of whom will, hereinafter, be referred to as Service Providers.

DESCRIPTION:

A CLS, Inc. On-Call supervisor can be reached anytime beyond normal agency business hours (8:00 a.m. – 4:30 p.m., Mon.-Fri.), including weekends and holidays. When a Service Provider contacts the CLS After Hours On-Call #1 (734) 238-7246, basic information is taken from the caller and that information is forwarded to the scheduled CLS On-Call supervisor.

PURPOSE:

The purpose of the CLS After Hours On-Call notification system is to enable Service Providers to reach CLS regarding serious problems and/or to comply with contractual &/or statutory reporting requirements regarding incidents which occur after regular business hours involving individuals receiving community mental health service supports through CLS. In the event of an emergency, it is the responsibility of Service Providers to take whatever steps are necessary to deal with the emergency to protect the welfare of the individual(s) to whom they are providing supports. CLS is responsible to be accessible for the following:

- Notification about specific types of events requiring additional statutory reporting
- To act as a liaison with CLS staff or other agencies – when needed for treatment purposes
- To provide additional supports and oversight to actions taken by Service Providers or their designees during an emergency

All Service Providers are responsible for establishing emergency action plans. All Service Provider Organizations must establish their own internal system for reporting and providing direction to their staff prior to staff contacting the CLS After Hours On-Call number. Service Providers are to notify the CLS answering service only after taking the appropriate action to assure that the needs of the individual(s) receiving supports have first been met. The CLS After Hours On-Call system is not to substitute for a Service Provider executing their primary responsibility to take prompt and appropriate action in cases of emergency.

The On-Call supervisor completes a written On-Call Report for each call received. The next working day the On-Call Report is distributed to CLS administration, appropriate CLS staff and either the Service Provider or an alternative entity identified by individuals who self-direct their budgets.

TYPES OF CALLS

Service Providers are expected to contact the CLS On-Call supervisor whenever any of the following conditions occur and/or exist with individuals supported by CLS:

Note: wherever there is an asterisk (*), Service Provider staffs are responsible for reporting to both the CLS On-Call supervisor at the # above and the DWMHA ORR Hotline at #1-888-339-5595.

- A. * Serious physical injury resulting in hospital admission
- B. Death
- C. * Suspected physical/verbal abuse
- D. * Suspected neglect
- E. * Suspected sexual abuse or suspected inappropriate sexual contact
- F. Suspected criminal offense
- G. * Missing individual
- H. Hospital Admissions. The CLS On-Call Supervisor should be notified about Hospital Admissions that occur later than 4:30 p.m. on weekdays or on the weekend, **after** the individual has been **admitted** to the hospital.
Notification: Monday through Friday: Notify the CLS On-Call Supervisor between the hours of 4:30 p.m. and 10:00 p.m. *When admission occurs* after 10:00 p.m., hold calls until 7:00 a.m. the next day, unless a critical situation exists.
Notification: Saturdays, Sundays, and Holidays: Notify the CLS On-Call Supervisor between the hours of 8:00 a.m. and 10:00 p.m. *When admission occurs* after 10:00 p.m., hold calls until 8:00 a.m. the next day, unless a critical situation exists.
- I. Referral for Emergency Psychiatric Screening (Children Only)
- J. Incident involving the police
- K. Smoke/Fire Incident
- L. Threat of suicide (this could be verbal or physical actions)
- M. Home evacuation occurring for any reason

Also, see Quick Reference Sheet: “After Hours On-Call Expectations in the event of an Emergency.”

MEDICATION ERRORS:

Service Providers can appropriately handle most medication errors (both Non-Serious Medication Errors and Serious Medication Errors/Concerns) by going through the following suggested sequence of assistance actions. Note: a combination of the following actions/resources may be necessary to handle medication errors:

- Follow the individual’s Standing Missed/Late/Refused Medication Orders
- Call the individual’s Pharmacist
- Call the individual’s Primary Care Physician/Prescribing Physician
- Call **Poison Control Center** at #1 (800) 764-7661 **or** #1 (313) 745-5711 **or** #1 (800) 222-1222
- *If there is suspected neglect related to a medication error, report the medication error to the **DWMHA ORR Hotline at #1-888-339-5595.***

Non-Serious Medication Errors:

Medication errors, such as single instances of missed/late/refused dosages or inaccurate medication counts are to be documented in the individual’s health care record as indicated. An Unusual Incident Report must also be completed. *If there is suspected neglect related to the medication error, report the medication error to the **DWMHA ORR Hotline at #1-888-339-5595.***

Serious Medication Errors or Concerns:

The following types of medication errors and/or concerns are serious and the individual should be taken care of immediately:

- an individual received the wrong medication(s)
- an individual received too much medication
- there is concern of an apparent reaction to medication
- there is concern of suspected side effects to medication

Serious Medication Errors, incidents of apparent reactions to medication or suspected medication side effects require appropriate documentation and completion of an Unusual Incident Report. These must be reported to the **DWMHA ORR Hotline at #1-888-339-5595**.

Also, see the attached Quick Reference Sheets: After Hours Expectations in the Event of an Emergency and After Hours Expectations When a Medication Error Occurs

REFERRALS FOR EMERGENCY PSYCHIATRIC SCREENING:

During normal business hours, the Service Provider/designee will contact CLS staff for assistance. The CLS staff assisting the provider/designee will assure everything possible occurs in order to maintain the individual in their home. Supports may include contacts with Natural Supports, family members, the treating psychiatrist, their clinicians, Supports Coordinator, other CLS staff, and/or obtaining additional staff.

The following outlined steps must be followed when arranging psychiatric pre-admission screening for people supported by CLS (Child/Adolescents Only).

- A. After business hours, the Service Provider/designee will contact the CLS On-Call Supervisor and report the situation. Through discussion, the On-Call Supervisor will determine if everything possible has been done in order to address the situation and maintain the individual in their home.
- B. In the event that emergency psychiatric screening is necessary, the Service Provider/designee is to make the following information available upon arrival at a psychiatric screening center or a hospital emergency room:
 - *Individual's name; SS#; Date of Birth; Age; Home Name; Address; Phone #; Insurance Type(s); Insurance I.D. #'s*
 - *Name of Legal Representative; Phone #*
 - *Treating Psychiatrist's name; Phone #; Pager #*
 - *Reason for Referral/Presenting Problem*
 - *Special Needs: (including, but not limited to medications, special diet, vision or hearing impairment, ambulatory difficulty, medical concerns)*

Inform the psychiatric screening center staff that the individual has a developmental disability, as this may not be apparent, and is a member of the CLS, Inc. Manager of Comprehensive Provider Network (MCPN). The psychiatric screening center staff will contact COPE for adults and the CLS On-Call Supervisor for children to facilitate psychiatric admission for those individuals who meet criteria. The psychiatric screening center or hospital emergency room staff will contact the authorized hospital and arrange for transportation of the individual to that facility.

Be aware, if the psychiatric screening agency determines the individual does not meet criteria for in-patient psychiatric treatment and does not recommend a twenty-three hour hold, he/she will be released. **Service Provider/designee must be available to take the individual home.** Any further planning needs are to be addressed among the individual, his/her support circle, Service Provider/designee, and appropriate CLS staff.

AFTER HOURS EXPECTATIONS IN THE EVENT OF AN EMERGENCY

1. Take prompt action to assure safety of the individual(s).
2. Contact the Service Provider or Provider Designee to notify them of the situation and request further direction.
3. Notify the CLS On-Call Supervisor at #1 (734) 238-7246 in the event that one of the following situations has occurred:

Note: wherever there is an asterisk, Service Provider staffs are responsible for reporting to both the CLS On-Call supervisor at the # above and the DWMHA ORR Hotline at #1-888-339-5595

- * Serious physical injury resulting in hospitalization
- Death
- * Suspected physical/verbal abuse
- * Suspected neglect
- * Suspected sexual abuse or suspected inappropriate sexual contact
- Suspected criminal offense
- * Missing individual
- Incidents involving the police
- Smoke/Fire Incidents
- Threats of suicide (this could be verbal or physical actions)
- Home evacuations occurring for any reason
- Hospital Admissions §

§ The CLS On-Call Supervisor should be notified about Hospital Admissions that occur later than 4:30 p.m., on weekdays or on the weekends, after the individual has been admitted to the hospital.

Notification: Monday through Friday: Notify the CLS On-Call Supervisor between the hours of 4:30 p.m. and 10:00 p.m. When hospital admission occurs after 10:00 p.m., hold calls until 7:00 a.m. the next day, unless a critical situation exists.

Notification: Saturdays, Sundays, and Holidays: Notify the CLS On-Call Supervisor between the hours of 8:00 a.m. and 10:00 p.m. When hospital admission occurs after 10:00 p.m., hold calls until 8:00 a.m. the next day, unless a critical situation exists.

AFTER HOURS EXPECTATIONS WHEN A MEDICATION ERROR OCCURS

Most medication errors can be handled by use of or contact with any of the following resources:

- The individual's Missed/Late/Refused Medication Orders form.
- Pharmacist
- Primary Care Physician/Prescribing Physician
- **Poison Control** at #1 (800) 764-7661 **or** #1 (313) 745-5711 **or** #1 (800) 222-1222

WHEN HANDLING SERIOUS MEDICATION ERRORS OR CONCERNS SUCH AS:

- Individual received the wrong medication
 - Individual received too much medication
 - Suspected side effects to medication
 - Apparent reaction to medication
-
- ❖ The individual is to be taken care of immediately by using the above resources and following the Service Provider's established internal Emergency Action Plan.
 - ❖ Serious Medication Errors or suspected reactions/side effects that occur during non-business hours require appropriate documentation including completion of an Unusual Incident Report and phone notification to the **DWMHA ORR Hotline at #1-888-339-5595.**
 - ❖ Missed/Late/Refused medication dosages and inaccurate medication counts are to be documented in the individual's Health Care record and on an Unusual Incident Report. If there is suspected neglect, report the medication error to the **DWMHA ORR Hotline at #1-888-339-5595.**

GLOSSARY

Accessible – A characteristic of buildings and structures by which persons with limited mobility are able to move in or about those buildings and structures. Also referred to as ‘barrier free’.

Advocate – One who speaks in favor and in support of a cause or a person.

Americans with Disabilities Act (ADA) – A series of laws passed in 1990 that requires companies to ensure equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, transportation, and requiring the establishment of TDD/telephone relay services.

ARROW – CLS electronic system to perform billing to enter claims for provision of services for each contractual provider.

Community Integration – Being present and participating in the community at large. This includes having the opportunity to be employed, own a home, participate in community events, volunteer, be known within the community, and be a part of the routines of a community.

Contractor – An agency or individual that contracts with CLS to provide services and supports to individuals enrolled with CLS.

Developmental Disability – A condition which occurs before the age of 22 and is the result of a mental or physical impairment. The disability is likely to continue for a lifetime, limiting one’s ability to perform basic life activities.

Dispute Resolution Process – The process to resolve a grievance or dispute regarding services.

Fiscal Intermediary – An organization that receives, handles and accounts for the funds used for an individual’s supports and services.

Friends of Community Living Services, Inc. – A non-profit corporation dedicated to assisting individuals supported by CLS. Money is generated through donations and fundraisers such as Evening with Friends. The dollars are used to purchase specific enhancements that are not funded by other means.

HIPAA – An acronym for the Health Insurance Portability and Accountability Act of 1996. HIPAA was enacted to improve portability and continuity of health insurance coverage, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and to protect the security and privacy of personally identifiable health care information.

HITECH – Health Information Technology for Economic and Clinical Health Act.

Independent Facilitator – A person who is knowledgeable, trained, and certified in the person-centered planning process. Independent facilitators direct the personal planning meeting and act as advocates for the person-centered process when requested.

Individual Budget – A budget based on an individual’s services, supports, and dreams.

Informed Consent – A decision made by a person based upon sufficient information necessary to make an informed decision, where the person understands their options and consequences.

Intellectual Disability – a disability characterized by significant limitations both in intellectual functioning and adaptive behavior as expressed in conceptual, social and practical adaptive skills. This disability originates before the age of 18.

Manager of a Comprehensive Provider Network (MCPN) – An organization contracting with Detroit-Wayne Mental Health Authority for the purpose of developing and managing a comprehensive network of providers and individual practitioners who can meet their enrollees needs. The ultimate goal of each MCPN is to provide people with choices and access to quality care and service delivered by qualified providers.

Michigan Mental Health Code – The governing laws relating to mental health provision in the State of Michigan, including, among other things, recipient rights and guardianship procedures.

Natural Supports - People or entities in a person's life that are not paid to perform care giving or support functions but who do so naturally, for example, a relative, neighbor, church or civic group.

Parents and Advocates of CLS, Inc. – A support group for parents, guardians, family, friends and advocates of the people who are receiving supports through CLS. This organization is a registered member of the Michigan and national Arc.

Supports Coordinator – A CLS employee who provides support coordination services for persons enrolled with CLS. The Supports Coordinator focuses efforts on connecting people to networks of family, friends, and developing meaningful relationships. Supports Coordinators follow person-centered planning and CLS operating principles while advocating for necessary supports identified within the personal plan.

Personal Home – An apartment, house, or condominium where an individual resides and his/her name, or Legal Representative, if applicable, is on the lease or deed.

Personal Plan – A written plan completed at least annually and modified as needed/requested, outlining the dreams of the individual, their choices for services, and identifies the frequency and duration of supports needed to maximize health and safety.

Person-Centered Planning Process – The process of planning for and supporting an individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals.

Self-Advocacy – People actively supporting their causes, ideas or policies.

Self-Directed Budget – A budget that is directed by the individual, is comprised of their resources and entitlements, and is based on their services, supports, and dreams. A Fiscal Intermediary organization assists the individual, as needed, to ensure that providers are paid, rent or mortgage payments are made, and that budgeted costs and guidelines are followed.

Support Circle – People who know and care about the individual and are committed to assisting the person communicate his/her vision of a desired future. They learn together and invent and implement new courses of action to make the vision a reality.

Supported Employment – Paid employment in a community workplace requiring varying degrees of staff support to maintain that employment.

Staffing Agent – An agency credentialed by CLS selected and contracted by an individual or their Legal Representative to provide staffing supports and services based on his/her needs.

ACRONYMS

ADA	- Americans with Disabilities Act
AAIDD	- American Association on Intellectual & Developmental Disabilities
AFC	- Adult Foster Care
APS	- Adult Protective Services
BSW	- Bachelor's of Social Work
BTPRC	- Behavior Treatment Plan Review Committee
CAC	- Citizen's Advisory Council
CADC	- Certified Alcohol and Drug Counselor
CARF	- The Commission on Accreditation of Rehabilitation Facilities
CLF	- Community Living Facility
CP	- Cerebral Palsy
CTH	- Community Training Home (Foster Care)
DCH	- Department of Community Health
DD	- Developmental Disability
DHS	- Department of Human Services
DRIS	- Detroit Radio Information Service
DWMHA	- Detroit Wayne Mental Health Authority
HIPAA	- Health Insurance Portability and Accountability Act
IDD	- Intellectual / Developmental Disability
IEP	- Individual Education Plan
LARA	- Licensing & Regulatory Affairs
LBSW	- Licensed Bachelor's Social Worker
LMSW	- Licensed Master's Social Worker
MI	- Mental Illness
MRCA	- Michigan Residential Care Association
MSW	- Master of Social Work
ORR	- Office of Recipient Rights
OT	- Occupational Therapist
PA	- Physician's Assistant
PHI	- Protected Health Information
P&A	- Michigan Protection and Advocacy Services
P&A of CLS	- Parents & Advocates of Community Living Services
PCP	- Person Centered Plan
PCP	- Primary Care Physician
PT	- Physical Therapist
RSDI	- Social Security Retirement, Survivors, and Disability Insurance
RSST	- Registered Social Service Technician
QIDD	- Qualified Intellectual & Developmental Disability
RD	- Registered Dietitian
RN	- Registered Nurse
SC	- Supports Coordinator
SLP	- Speech and Language Pathologist
SSA	- Social Security Administration
SSD	- Social Security Disability
SSI	- Supplemental Security Income
TTY	- Teletypewriter for people with speech or hearing impairments

CLS Forms and Reference Documents

Please note that the following forms and documents are for informational purposes and are not intended to be copied for use.

Network Provider Required Trainings Chart

Type of Training	Target Audience	Source of Training	Frequency
Abuse & Neglect: Reporting Requirements	All staff ⁱ	Detroit Wayne Connect (DWC) ⁱⁱ	New hire. ⁱⁱⁱ Every two years thereafter.
Anti-Harassment & Non-Discrimination Training (for employees or for leaders)	All staff (employees/leader as appropriate)	DWC	New Hire. Every two years thereafter.
Billing and Coding	All personnel responsible for billing and coding	Employer	New hire. Every two years thereafter.
Cardio-Pulmonary Resuscitation (CPR)	All direct care staff	American Red Cross or other Certifying Agent	New hire. Current card required.
Case Management/ Supports Coordination for Service Providers to Children with Medicaid	All Case Managers and Support Coordinators supporting Children	DWC (if attendance at a live training event or webcast in 2015 can be verified by a VCE transcript then the online DWC version is not required until 2017)	New hire. Every two years thereafter.
Case Management/ Supports Coordination for Service Providers to Adults with Medicaid	All Case Managers and Support Coordinators supporting Adults	DWC (if attendance at a live training event / webcast in 2015 can be verified by a VCE transcript then the online DWC version is not required until 2017)	New hire. Every two years thereafter.
Child Sex Trafficking in America	All professional health care licensees (nurses, psychiatrists, psychologists, social workers, etc.)	DWC website or Employer	New hire. Annually thereafter.
Children's Diagnostic and Treatment Services Programs Specific Training	All clinical staff providing direct services to children	DWC/VCE Live Events, DWC website, Other Community Resources, Self-study, Employer	Annual- 24 hours each calendar year.
Co-Occurring Disorders	All clinical staff providing direct services	DWC/VCE Live Events, DWC website, Self-study, Employer, Other Community Resources	New hire. Every two years thereafter.
Cultural Diversity/ Competency	All staff	Employer or DWC website	New hire. Annually thereafter.
Emergency Preparedness	All staff	Employer or DWC website	New hire. Every two years thereafter.
Employer's New Hire Orientation Program ^{iv}	All Staff	Employer	Within thirty (30) days of hire.
First Aid	All direct care staff	American Red Cross or other Certifying Agent	New hire. Current card required.
Health Insurance Portability and Accountability Act (HIPAA)	All staff	DWC website (You may select the HIPAA course best suited to your needs and job duties. All staff must complete at least one of the three HIPAA courses)	New hire. Annually thereafter.
Limited English Proficiency (LEP)/ Language Proficiency	All staff	Employer or DWC website	New hire. Every three years thereafter.
Medicaid Fair Hearings, Local Appeals and Grievances	All staff	DWC website	New hire. Every two years thereafter.
Medicare and Medicaid General Compliance	All staff	DWC website	New hire. Annually thereafter.
Medicare Fraud & Abuse	All staff	DWC website	Within 30 days of hire. Annually thereafter.
Medication Administration	All staff who administer medications	MDCH Certified Training Agent	New hire.
Medication Administration Competency Review (MACR)	All staff who administer medications	Employer staff trained as a reviewer of MACR by the employer's designated representative trainer on MACR. (DWC website may be used as a training intervention for those employees that have difficulty independently completing the MACR. DWC website alone does not meet the CLS requirement for an annual MACR).	Annual, each calendar year.

Type of Training	Target Audience	Source of Training	Frequency
Medication Administration Competency Reviewer	Staff who assess competency of other staff administering medication	Employer's designated representative trainer on MACR	Initial and every two years thereafter.
New Hire Recipient Rights Training (face-to-face)	All Staff	Face-to-Face with DWMHA Representative	Before hire or within 30 days of hire
Person-Centered Planning	All staff with the exception of direct care staff	DWC website	New hire. Annually thereafter.
Person-Centered Planning and Individual Plan of Service for Direct Support Professionals (Direct Care Workers)	All direct care staff	DWC website	New hire. Annually thereafter.
Providing Residential Services in Community settings	All direct care staff in AFC homes and Specialized Residential homes	MDCH Certified Training Agent	New hire: Note that when leaving the field and returning after a 3 year absence, this training must be repeated.
Recipient Rights Annual	All staff	DWC website	Annually, on or before the date it was completed in the previous year.
Recovery Enhancing environment	All staff	VCE website	New hire. All staff must complete at least one time.
Supports Intensity Scale (SIS) Phase I, II and III and Ongoing Quality Assurance and Continuing Education Requirements	All SIS Assessors	Michigan Department of Health and Human Services (MDHHS) approved Source	As required by MDHHS
Train the Trainer MACR	Employer's designated Representative(s)	CLS	Initial and every two years thereafter.
Universal Precautions/ Blood Borne Pathogens/Infection Control	All staff	VCE website	New hire. Every two years thereafter.

Providers and Staffing Agents shall ensure that all staffs become registered members of the DCE website (www.dwctraining.com) within ninety (90) days of date of hire (as applicable). The provider and staffing agents shall maintain evidence of completion of required trainings and shall document the name, clock hours, and dates of completion of required trainings.

ⁱ **All Staff Includes:** Administrative, Clinicians, Child Mental Health Professional (CMHP), Direct Care Staff, Financial, Managerial, New Hire, Project Consultants, Qualified Mental Health Professional (QMHP), Qualified Intellectual Disability Professional (QIDP)/Qualified Mental Retardation Professionals (QMRP), Satellite Offices, Support Staff, Temporary Staff, and Volunteers with direct access to Person(s) or who provide direct services to Person(s), unless otherwise stated. "Direct access" means access to the Person's property, financial information, medical records, treatment information, or any other identifying information.

ⁱⁱ **Detroit Wayne Connect (DWC)** is available at www.dwctraining.com. The DWC was formerly the Virtual Center of Excellence (VCE) Website.

ⁱⁱⁱ **New Hire Indicates:** Within 90 days of hire or first available training date, unless otherwise specified.

^{iv} **Per DWMHA's Workforce and Provider Background Check Policy** (approval date May 14, 2015) The Orientation Program should include education on the following:

- The mission, vision and values of the organization;
- The employee's job description (to be signed by employee at the time of hire);
- Competencies of the employee's job;
- A review of the Authority and/or entity's corporate compliance plan;
- Quality improvement activities;
- Accreditation requirements (if applicable);
- Email, fax and workstation use policies;
- General Office Procedures;
- Confidentiality training;
- The Provider or Staffing Agent's Recipient Rights policies;
- Environmental safety;
- Blood borne pathogens; and
- The Provider or Staffing Agent's Person-centered planning policy



Contractor Information and ID Request

This form is used to obtain contractor's staff information and to request an ID number. The Contractor will sign the completed form then submit it with the **requested training documents** to be scanned and sent to Tjuana Willis at twillis@comliveserv.com or by FAX at (734) 326-4048. Network Management will review the request and if accepted, the request will be forwarded to the CLS IT Department for a staff ID number to be assigned.

Information Type: (circle one) New Change Close Start Date: _____

Contract Name: _____

Contractor's Staff Information: CLS ID (if known) _____

First Name: _____ MI: _____ Last Name: _____

Birth Date: _____ Sex: _____ Title: _____

NPI #: _____ Issue Date: _____

Please submit a current copy of the professional license.

License #: _____ State: _____ Issue Date: _____ Expire Date: _____

Service Type: Dietary Nursing Speech
(circle one) OT PT MD
 Psychiatry Psychological Other Specialist _____

Degree Level: HS BS BA MS PhD MD Other Degree Type: (Nursing, etc.) _____

Recipient Rights New Hire Training Requirements as of 8/14/17 – Please submit evidence of completion for:

New Hire Recipient Rights Training must be one face-to-face training session within 30 days of hire date.			
New Hire Recipient Rights (Face to Face with DWMHA Rep.)	Training Date:	Annual Recipient Rights (VCE Website - completed annually each calendar year)	Training Date:

Contact Person: _____ Phone #: _____

Requesting Party: _____ Date: _____

To be completed by CLS NM and IT Departments -----

NM Staff Review by (Initials): _____ Date: _____

Input by: _____ Date: _____

Revised 8/2017

**



Request for CLS System Access – CLS Network Providers and Business Associates

This form is to be used by Network Providers and for Business Associates for requesting additions or terminations of access to CLS system(s). This form is to be completed and signed by the organization's Executive Director. Please submit this form via FAX, Attention: Network Management Department at 734-326-4048 or sent it via email to Tjuana Willis, Network Management Department: twillis@comlivserv.com. Call 734-722-4877 if you have questions.

Requesting Organization Name: _____

☐ Contractor ☐ Staffing Agent ☐ Non- Contractual Business Associate

Staff Information

Name: _____

Job Title: _____

Phone Number: () _____

Email: _____

☐ Grant Access or ☐ Remove Access

Function Authorizations: ☐ **Billor** (no more than 3 per organization) ☐ **Administrator** (1 per organization)

System Functions:

- ☐ **ARROW** (print blank Service Logs, enter claims data, view authorizations, view eligibility info)
☐ **OnBase** (FIs only - access Service Logs, Personal Plans, and Addenda)
☐ **Common Repository** (enter and view CLS Enrollee benefit documentation)

Executive Director's Name (Please Print): _____

Executive Director's Signature: _____ Date: _____

Completed by NM: _____ Request Approved _____ Request Denied

Comments: _____

NM Signature: _____ Date: _____

Completed by IT: _____ Access Granted _____ Access Removed

Comments: _____

IT Signature: _____ Date : _____

Updated 8-17-16



Personal Plan Email Notification Request Form

(Please type/print information on the form)

Organization Name: _____

Staff Name: _____

Email Address: _____

Add ☐ Delete ☐

Staff Name: _____

Email Address: _____

Add ☐ Delete ☐

Staff Name: _____

Email Address: _____

Add ☐ Delete ☐

By signing below, I verify that the information above is accurate.

Signature (ink): _____ Date: _____

Print Name: _____ Title: _____

Updated 7-26-16

Progress Note Guide

Why is a Progress Note Needed?

Services funded by Medicaid require documentation to support the need for the services. The Progress Note is the documentation tool used to communicate and monitor the progress and / or the concerns for the person. It should be a summary of what the person did and any supports given by staff. Be sure to include activities offered, level of participation or type of assistance given, activity location, and identify if any other people were present such as natural supports, legal representative, support coordinator, clinical support, etc.

What is Community Living Supports (CLS)?

It is the supports that facilitate a person's independence, productivity, and promote inclusion and participation. The supports can be provided in the person's home and in the community. The Personal Plan outlines staffing support needs in the *Supports for Well-Being and Safety* section.

- Staff supports/actions may include:

ASSIST (Beyond Home Help Services)	PROMPT	REMIND	CUE	ATTEND
OBSERVE	GUIDE	TRAIN	PROVIDE	PREPARE
DISCUSS	EXPLAIN	FEED	MONITOR	ACHIEVE
PRESERVE	MAINTAIN	SCHEDULE	COORDINATE	PARTICIPATE
HELP	DIRECT	ARRANGE	ADVOCATE	CHECK
PLAN	CHOOSE	BUILD	COMPLETE	SUPPORT
WATCH	PLAY	CREATE	DECIDE	DANCE/SING
READ	MAIL	DELIVER	TRANSFER	FINISH

- Activities at the **person's home** are endless. Below are some common daily activity examples. Remember to state the activity and what type of assistance given or if completed independently. (*Denotes beyond Home Help Services. Medicaid is funder/payer of last resort)

MEAL PREP *	LAUNDRY *	HOUSEHOLD CARE *	SHOP/ORDER *
BATH/SHOWER *	EAT/DRINK *	DRESSING *	GROOM *
TRANSPORTATION *	COOK/BAKE *	SOCIAL MEDIA USE	LEISURE ACTIVITIES
SOCIALIZE/VISIT	WALK/EXERCISE	LAWN/YARD CARE	DANCE/SING
RELATIONSHIP BUILDING	MEDICATION ADMINISTRATION *	MEDICAL APPOINTMENT	MONEY MANAGEMENT
WATCH TV/MOVIE	LISTEN TO MUSIC	READ	SPECIAL OCCASIONS

- Activities in the **person's community** are endless. Below are some common activity examples. Remember to state the activity and what type of assistance given or if completed independently.

SHOP/ORDER	EAT	BANK	SOCIALIZE/VISIT
FILL PRESCRIPTIONS	LEISURE ACTIVITIES	SCHEDULE	TRANSPORTATION
MAIL/SHIP	SCHOOL/TUTOR	WORK/VOLUNTEER	MEETING
MEDICAL APPOINTMENT	MEDICATION ADMINISTRATION	RELATIONSHIP BUILDING	CHURCH/RELIGIOUS ACTIVITY
VACATION	VOTE	HOBBIES	MOVIE/CONCERT

Daily Progress Note Requirements

Specialized Residential and Own Home – Non-Licensed

Progress notes are used to communicate daily progress and/or concerns to inform the reader about the supports provided to the Person, the Person's response, any other necessary information about the Person to support the claim for payment of services as identified in the Personal Plan.

1. Notes must be legible
2. Print first and last name of the CLS enrollee
3. Must include CLS ID#
4. Must include date of the service
5. Must include start and stop time and indicate AM or PM.
6. Identify the activity(s) that the person was assisted to perform or complete.
7. Provide a description of the services provided to support the activities indicated during the time period.
Be sure to include the activities offered, level of participation or type of assistance given, activity location, any change or concern in the person's functioning, appearance, behavior, health status, and identify if any other people were present (natural supports, legal rep., SC, clinical supports, etc.).
8. Must include staff signature, title, and date note was completed.

Additional Reminders:

- The sample progress notes (enclosed) are provided as a guide that includes the requirements for a progress note. Providers and Staffing Agents design their own progress note based on the requirements. There may be additional prompts on the progress note to assist staff to write about key elements needed in the description of services.
- Per Michigan Department of Community Health (MDCH) Home Help/Chore Services documentation must be documented separately from the progress note.
- Progress notes should not be out of sequence. If a progress note is out of sequence (on rare occasions), make sure the signature date is on the day the progress note is written, not the day of service. In other words, do not back date your entry ever.
- Use pen and do not use pencil or correction fluid/tape. If an error occurs, draw one line through the error and write your initials next to the error. Do not scribble over an error.
- One progress note entry per shift is required. Additional staff providing services during a shift can write their own Progress Note entry if desired or applicable.
- Never pre-fill out a progress note. It should be filled out before the end of the shift worked.
- Descriptive narrative must reflect what was indicated on the service log.
- Do not leave any applicable areas blank on a progress note entry.
- Never document false information.

3-24-15

Specialized Residential - Licensed Daily Progress Notes

(To be used for documentation of T1020 and H2016 services)

Name: _____

CLS ID#

Date: _____		Shift Start Time: ____:____ am / pm		Shift End Time: ____:____ am / pm	
<i>Mark your initials in the box for each activity that you assisted the person to perform or complete.</i>					
<input type="checkbox"/> Eat / Feeding	<input type="checkbox"/> Dressing	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Well Being and Safety	
<input type="checkbox"/> Toileting	<input type="checkbox"/> Shopping	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Mobility / Transferring	<input type="checkbox"/> Community Activity	
<input type="checkbox"/> Bathing	<input type="checkbox"/> Clothing / Laundry	<input type="checkbox"/> Medical Appointment	<input type="checkbox"/> Money Management	<input type="checkbox"/> Other:	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Special Health Care	<input type="checkbox"/> Relationship Building		
<i>Descriptive narrative to support the marked activities listed above:</i>					
Staff Signature: _____			Title: _____		Date: _____

Date: _____		Shift Start Time: ____:____ am / pm		Shift End Time: ____:____ am / pm	
<i>Mark your initials in the box for each activity that you assisted the person to perform or complete.</i>					
<input type="checkbox"/> Eat / Feeding	<input type="checkbox"/> Dressing	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Well Being and Safety	
<input type="checkbox"/> Toileting	<input type="checkbox"/> Shopping	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Mobility / Transferring	<input type="checkbox"/> Community Activity	
<input type="checkbox"/> Bathing	<input type="checkbox"/> Clothing / Laundry	<input type="checkbox"/> Medical Appointment	<input type="checkbox"/> Money Management	<input type="checkbox"/> Other:	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Special Health Care	<input type="checkbox"/> Relationship Building		
<i>Descriptive narrative to support the marked activities listed above:</i>					
Staff Signature: _____			Title: _____		Date: _____

Date: _____		Shift Start Time: ____:____ am / pm		Shift End Time: ____:____ am / pm	
<i>Mark your initials in the box for each activity that you assisted the person to perform or complete.</i>					
<input type="checkbox"/> Eat / Feeding	<input type="checkbox"/> Dressing	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Transportation	<input type="checkbox"/> Well Being and Safety	
<input type="checkbox"/> Toileting	<input type="checkbox"/> Shopping	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Mobility / Transferring	<input type="checkbox"/> Community Activity	
<input type="checkbox"/> Bathing	<input type="checkbox"/> Clothing / Laundry	<input type="checkbox"/> Medical Appointment	<input type="checkbox"/> Money Management	<input type="checkbox"/> Other:	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Special Health Care	<input type="checkbox"/> Relationship Building		
<i>Descriptive narrative to support the marked activities listed above:</i>					
Staff Signature: _____			Title: _____		Date: _____

(To be used for documentation of H0043 or H2015 services)

--	--	--	--	--

Date of Service:		Shift Start Time:	:		am / pm	Shift End Time:	:		am / pm
Community Living Supports: Mark your initials in the box for each activity that you assisted the person to perform or complete.									
	Community Activity			Medical Appointment				Medication Administration	
								Transportation	
									Well-Being and Safety
Descriptive narrative to support the marked activity listed above and all other activities during the time of service:									
Staff Signature:						Title:		Date:	

[illegible]

Date of Service:		Shift Start Time:	:	: am / pm	Shift End Time:	:	: am / pm
<i>Community Living Supports: Mark your initials in the box for each activity that you assisted the person to perform or complete.</i>							
Community Activity		Medical Appointment		Medication Administration		Transportation	
						Well-Being and Safety	
<i>Descriptive narrative to support the marked activity listed above and all other activities during the time of service:</i>							
Staff Signature:				Title:	Date:		

Service Description Explanations for H0043, H2015 and H2016

(These lists are not exhaustive but meant to provide examples of some common activities)

Community Activity – includes social, recreation or leisure activities such as:

- Attending a concert
- Attending a sporting event
- Accompanying the person shopping
- Accompanying the person on a neighborhood walk or nature hike
- Enrollment in a club and attending club meetings
- Church membership
- Visits with family and friends

Well-Being and Safety – includes observing, reminding, guiding or training during:

- Mealtime
- Bathing
- Dressing
- Hygiene
- Daily living in the home
- Use of public facilities

Transportation – only if the person is with you

- Travel in the community
- Use of public transportation

Medical Appointment

Medication Administration – includes reminding, observing or monitoring of medication

Hospital or LOA

FI Guidelines Reviewing Direct Hire Time Sheet & Progress Notes

Please ensure the document includes the following requirements:

1. Employer Name (Name of the Person Supported), CLS ID#, and the Employee Name.
2. Fiscal Intermediary pay period information.
3. Month, Day, and Year for each shift the employee worked.
4. Exact Time In and Time Out for each shift - indicate AM or PM and accurate shift Total Hours.
5. Service Description(s) marked must match the Service Log.
6. Descriptive Narrative – a summary of what the staff did during the shift, which shall include:
 - What occurred during the entire shift, including, but not limited to the services indicated on the service description(s);
 - Direct support provided to the person;
 - Activities offered, including location, and level of participation or type of assistance given;
 - Information about the person's functioning, appearance, behavior, health status; and Information about whether any other people were present (such as natural supports, Legal Representatives, SC, clinical supports, etc.
 - Documentation must be legible and contemporaneous.
7. Date and time of service must match the Service Log.
8. Must have Direct Hire employee signature and date.
9. Must have the person receiving services or his/her authorized representative's signature and date.
10. Verify that the timesheet(s) received from staff are currently authorized in the person's Person Centered Plan and do not exceed the individual budget.

Additional Expectations:

- Entries must be written in ink pen. Pencil, correction fluid/tape, and scribbled out words are not acceptable. Errors should be noted with one line drawn through the error and staff's initials written next to the error.
- Only one shift per entry. More than one block of time or shift in an entry is not acceptable (ie: 7am-9am and 2pm-4pm). Entries should not be out of sequence. If a progress note is out of sequence (on rare occasions), the signature date should be the day the progress note was written, not the day of service.
- Entries should not be pre-filled out or written by anyone other than the staff who provided the service.
- Descriptive narrative must reflect what was indicated on the service log.
- All applicable areas on the document must be completed.

Please Note: If the FI reviews a progress note that is perceived as a concern, FI will promptly call and inform the SC about the concern and then send by fax a cover sheet noting the entry of concern and a copy of the Time Sheet and Progress Note to the SC for review and follow up. (Perceived Concern ie: note written regarding a health and/or safety concern or not adhering to the personal plan and/or agreements)

CLS Medicaid Claims Verification Reviews: During a review, if a question arises regarding Service Logs, the CLS Quality Management Department will request the Progress Notes from the Fiscal Intermediary. If any of the above requirements are not met on the progress notes, the claim submitted by the FI may be voided.

DIRECT HIRE TIME SHEET and PROGRESS NOTES

Employer: [Full Name] [ID Number]

Employee: _____

Shared Hours: (___ Yes) (___ No)

Pay Period - MONTH _____ Pay Period - YEAR _____

1st - 15th

16th - Last

Date MM/DD/YY	Time In	Time Out	Total Hours	Service Description(s) and Comments				
	AM PM	AM PM		<input type="checkbox"/> Well Being and Safety	<input type="checkbox"/> Community Activity with Transportation	<input type="checkbox"/> Community Activity w/o Transportation	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Medical Appointment
Descriptive narrative to support the activities during the time of service:								
	AM PM	AM PM		<input type="checkbox"/> Well Being and Safety	<input type="checkbox"/> Community Activity with Transportation	<input type="checkbox"/> Community Activity w/o Transportation	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Medical Appointment
Descriptive narrative to support the activities during the time of service:								
	AM PM	AM PM		<input type="checkbox"/> Well Being and Safety	<input type="checkbox"/> Community Activity with Transportation	<input type="checkbox"/> Community Activity w/o Transportation	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Medical Appointment
Descriptive narrative to support the activities during the time of service:								
	AM PM	AM PM		<input type="checkbox"/> Well Being and Safety	<input type="checkbox"/> Community Activity with Transportation	<input type="checkbox"/> Community Activity w/o Transportation	<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Medical Appointment
Descriptive narrative to support the activities during the time of service:								
I understand it is my responsibility and a job requirement to maintain current required training as written in the Employment Agreement. My signature confirms that I am current with the training requirements, and that I worked the above face to face hours, directly with the person I serve, in accordance with the Person Centered Plan and service authorization. Employee Signature				I verify that the hours on this time sheet are accurate, authorized, and in accordance with Medicaid guidelines and the Person Centered Plan. I authorize my Fiscal Intermediary _____ to pay the above employee for the face to face hours noted above. Employer/Representative Signature				
Date		Phone #		Date		Phone #		

Submit Completed Form to: [Enter FI Name, address, fax #, etc.]

DHTSPN 8-1-15

HOME / COMMUNITY MONITORING REPORT

The primary purpose of this report is to provide written notification to the contractual provider, staffing agent, or employment/skill building provider regarding any issues or concerns that require follow up on their part. This form may also be used to provide written documentation when monitoring a Plan of Correction.

TO: _____ DATE: _____
Original to Provider or Staffing Agent

FROM: _____ TITLE: _____

HOME/SITE VISITED: _____ DATE OF VISIT: _____

REASON FOR REPORT: ☐ An Issue/Concern was identified during a routine visit that requires follow up
☐ Monitoring of Issues identified in Plan of Correction
☐ Monitoring requested by CLS Management

Observations and/or Concerns: (For example - health, safety, staffing (quality of interactions, ratios), food/ consumables, environment (cleanliness, maintenance), programs, activities, eating and positioning guidelines, other, etc.)

Action Taken by author: (For example - discussed with staff or home manager, wrote a UIR, followed up with Provider/Staffing Agent/SC supervisor, etc.)

Recommendations for action by provider or staffing agent, etc.:

Original to: Provider/Staffing Agent	Others: _____	<input type="checkbox"/> A PLAN OF CORRECTION IS IN EFFECT
cc: Legal Services Operations Director Supports Coordinator Supports Coordinator Manager Rights and Advocacy	_____ _____	Route to: Network Management

TO BE COMPLETED AND ROUTED WITHIN 24 HOURS OF VISIT
THIS REPORT DOES NOT TAKE THE PLACE OF AN INCIDENT REPORT OR A RECIPIENT RIGHTS COMPLAINT

Revised 11/2014

COMMUNITY LIVING SERVICES **EFFECTIVE 1/19/18**

Budget Specialist Areas

Baldwin, Chaundrika 734-722-5954	Cervantes, Lena 734-722-4896	Glud, Michael 734-722-6498
STAFFING AGENCIES ONLY		
ADA HOMES	BLUELIGHT HOMES, INC	AHS
ALTERNATIVE SERVICES, INC	CREATIVE IMAGES	BEST PRIVATE DUTY
AVALON CARE	EVEREST, INC.	BETTER CARE HOMES, LLC
COMMUNITY CHOICES, INC.	FREDERICKS FAMILY FC, INC.	CHRYSALIS DEVELOPMENT CENTER
COMMUNITY HOME SUPPORTS	HOMES OF OPPORTUNITY	COMMUNITY ADMIN. SERVICES
COMMUNITY OPPORTUNITY CENTER	MAGNUS VETERANS REBIRTH	COMMUNITY PROG. AND SVCS
COMMUNITY SPIRIT HOMES	MASTROFRANCESCO AFC	DOMEL, INC.
COMMUNITY WORK OPPORT. (CWO)	MIDWEST HEALTH CARE	DOMUS VITA
ELMIRA	O and B COMMUNITY SERVICES	ENHANCE, INC.
FAITHFUL HANDS	PARAGON	GENESIS IN HOME CARE
JOAK AMERICAN HOMES, INC.	PASSAGES	GRACE POINT LLC
LIFE CENTER	PRO CARE UNLIMITED	INDIVIDUAL EMPOWERMENT
MICHIGAN Autism Academy Staff and Occupational Training	RELIABLE DIRECT CARE	NEW LIFE SERVICES
NEW OUTLOOK	SAINTS, INC.	ORCHARD AFC HOME
PAPALARDO ALT. PLACEMENTS	SAMARITAN HOMES	SECOND CHANCE LIVING SUPPORTIVE SVCS
QUEST, INC.	SPECTRUM COMMUNITY SERVICES	SOARI READY FOR LIFE
ROSES AMERICAN HOMES, LLC	TRUE DREAMS STAFFING AGENCY	
SUPERIOR VISION	UNITED HORIZON	
UNLIMITED HOME CARE		
VICTORY HOME CARE		
Individuals w/Direct Hires by location		
DEARBORN	ALLEN PARK	BELLEVILLE
DEARBORN HEIGHTS	BROWNSTOWN	CANTON
DETROIT	ECORSE	FARMINGTON
EASTPOINTE	FLAT ROCK	LIVONIA
GARDEN CITY	GIBRALTAR	NORTHVILLE
GROSSE POINTE	GROSSE ILE	PLYMOUTH
GROSSE POINTE FARMS	HURON	REDFORD
GROSSE POINTE SHORES	LINCOLN PARK	ROMULUS
GROSSE POINTE WOODS	MELVINDALE	
HAMTRAMCK	NEW BOSTON	
HARPER WOODS	RIVER ROUGE	
HIGHLAND PARK	RIVERVIEW	
INKSTER	ROCKWOOD	
SOUTHFIELD	SOUTHGATE	
WATERFORD	SUMMITER TOWNSHIP	
	TAYLOR	
	TRENTON	
	Van Buren	
	WAYNE	
	WESTLAND	
	WOODHAVEN	
	WYANDOTTE	
	All Child Waiver Budgets	

Effective 1/19/2018

Financial Analyst Provider Assignments

Stephens, Leroy ext. 4391	Todd, Jon ext. 4338
AHS Community Services, Inc.	Ada Homes
Alternative Services, Inc.	Chrysalis Developmental Homes, Inc.
Community Administrative Services, Inc.	Community Opportunity Center
Community Choices, Inc.	Creative Images, Inc.
Community Program & Services	Domel, Inc.
Fredericks Family Homes, AFC, Inc.	Domus Vita
Homes of Opportunity, Inc.	Elmira, Inc.
Imani Residential Services, Inc.	Enhance, Inc.
Kennedy Enterprises	Everest, Inc.
Life Center, Inc.	Excellent, Inc.
New Outlook	Joak
O & B Community Services	New Life Styles
Passages Community Services	Pappalardo Alternative Replacements
Saints, Inc.	Quest, Inc.
Spectrum Community Services, Inc.	RRGRP
	Samaritan Homes, Inc.
	Taylor Special Services
Fiscal Intermediary: ARC Northwest	
Fiscal Intermediary: Money Minders Plus	Fiscal Intermediary: PAS
	Fiscal Intermediary: ARC Western Wayne

For Foster Care -Contact June White

Self Directed Maintenance Process - 2016

Who can identify a maintenance issue: Person(s) Served, Direct Care Staff, SC,
Family Member, Staffing Agency,

or anyone who notices a maintenance problem/concern
at the persons home.

Whoever notices a maintenance issue contacts staffing agent.
Staffing agent contacts the Fiscal Intermediary.

Note: If setting is an apartment call the apartment management about anything that came with or is installed in the apartment according to the terms of the lease. Tenant damages, furniture cleaning, etc. then Staffing Agent follows process below.

Maintenance issue during Business Hours

Staffing Agent needs to contact Fiscal.

Fiscal gives Staffing Agent name and phone # of vendor to correct the problem.

Staffing Agent contacts vendor to correct problem.

Staffing Agent follows up by submitting SD Maintenance Record to Fiscal.

Vendor calls fiscal for approval after assessing the problem.
Vendor corrects problem and bills Fiscal directly.

Problem fixed. Fiscal makes SC aware of problem resolution and cost.

SC goes through one-time cost approval process, if necessary.

Off Hour Emergency (Immediate Health or Safety Concern)

Staffing Agent contacts Vendor from the Fiscal Vendor List.
Submits SD Maintenance Record within 24 hours to Fiscal.

Vendor fixes Emergency Problem and bills Fiscal directly.

Staffing Agent makes SC and Fiscal aware of the problem and resolution.

SC goes through one-time cost approval process, if necessary.

RESIDENT FUNDS
Revenue and Disbursement Record
For Unlicensed Homes

This is an approved form used to record all
Resident's revenues and expenses for a specific time frame.

Signatures required at the bottom of the form.

INSTRUCTIONS:

Please place a check mark in the box to identify the monies source: savings, checking or other account.

You **MUST** describe all Revenues and Expenses and enter the date of all transactions.

One form per Type of Account: cash, savings/checking and/or other.

Please refer to the Resident Funds - Revenue and Disbursement Record For Unlicensed Homes, Additional Standards form for further instructions.

Type of Account(s)

<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING	<input checked="" type="checkbox"/> CASH	<input type="checkbox"/> OTHER (Specify)
----------------------------------	-----------------------------------	--	--

[illegible]

Provider/Designated Representative Printed Name and Signature

Submit to the CLS Financial and Budget Services Department by the 15th calendar day of the month following the month of services also make available upon request.

Signature Date

RESIDENT FUNDS
Revenue and Disbursement Record
For Unlicensed Homes

This is an approved form used to record all
Resident's revenues and expenses for a specific time frame.

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One form per Type of Account: cash, savings/checking and/or other.

Please refer to the Resident Funds - Revenue and Disbursement Record For Unlicensed Homes, Additional Standards form for further instructions.

Type of Account(s)
☐ SAVINGS ☒ CHECKING ☐ CASH ☐ OTHER (Specify) _____

[illegible]

Provider/Designated Representative Printed Name and Signature

Submit to the CLS Financial and Budget Services Department by the 15th calendar day of the month following the month of services also make available upon request.

Signature Date

SD MAINTENANCE RECORD

Note: This form is to be used for all identified maintenance issues at the home and submitted to the Fiscal Intermediary when complete.

TODAY'S DATE: _____

Date of Call to Fiscal Intermediary: _____

Date form faxed to Fiscal: _____

TENANT: _____

TENANT: _____

TENANT: _____

TENANT: _____

ADDRESS: _____

PHONE #: _____

NAME OF REQUESTER: _____

Name of Staffing Agent: _____

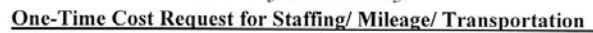
Name of Fiscal: _____

Provide details of maintenance issue below:

When is the contractor scheduled to come. _____

Fiscal Intermediary: Attach this document to the Contractor Invoice if a One-Time Cost is being submitted.

9/22/2016



73



One - Time Cost Request Living Expenses T2038

To be completed by SC/SC MGR/Staffing Agent

Date of Request:

SC:

Fiscal:

Name of Staffing Agent:

Include everyone who lives in this home

Person Name	CLS ID #	Item Description	Total Per Individual

Check Payable To:

Total Requested/Authorized:

\$ 0.00

Narrative Explanation (Please attach additional sheet if necessary):

Please describe why Items are needed:

☐ Living Expenses Needed

Please note: Billing must occur immediately, all items need a detailed receipt or quote up to amount approved attached with the request. Any item(s) < \$500 will need 1 Bid, > \$501-\$1000 will need 2 bids, > \$1001 will need 3 bids. Only common used Items, shared common Items. Examples: Stove, Refrigerator, Sofa,....

Budget Specialist Internal Notes:

Signatures below indicate approval and approval date:

SC Signature

Date

SC Signature

Date

SC Signature Manager

Date

Director of Operations/Family Services Date

Reviewed/ Initialed by:

BS: _____ Date: _____ Or FA: _____ Date: _____ Dir. F & B Services _____ Date: _____

Internal Use:

_____ Housing Assistance Authorized _____ One- time cost Approved _____ Funds are in Budget
 _____ Does Individual have funds **Please use Funds First** CLS is Payer of last resort
 _____ Support Coordinator to verify community Items purchased for Home

CC: Fiscal, Support Coordinator(s), Staffing Agent, Original: Central Records



PLEASE FAX ALL UNUSUAL INCIDENT REPORTS WITHIN 24 HOURS TO:

CLS AT (734) 722-4141

AND

DWMHA ORR AT (313) 833-2043

- Please fill out the top of the form completely
- Please include the CLS I.D. number

PLEASE BE SURE TO MAIL THE ORIGINAL COPY OF THE UNUSUAL
INCIDENT REPORT TO CLS AT:

COMMUNITY LIVING SERVICES, INC.
ATTENTION RIGHTS & ADVOCACY DEPARTMENT
35425 MICHIGAN AVENUE WEST
WAYNE, MI 48184

Questions???? Call the CLS Rights & Advocacy Department at (734) 722-4734

Sam

DETROIT-WAYNE COUNTY COMMUNITY MENTAL HEALTH AGENCY
INCIDENT, ACCIDENT ILLNESS, DEATH OR ARREST REPORT

FACILITY/HOME			RESIDENT/RECIPIENT	
FACILITY ADDRESS			AGE	
CITY	STATE	ZIP	D.O.B.	
LICENSEE/ORGANIZATION NAME			SEX	
LICENSEE NUMBER			<input type="checkbox"/> M <input type="checkbox"/> F	
			CASE NUMBER	

PERSON INVOLVED/WITNESS(S)	
NAME INVOLVED/WITNESS	NAME
HOME ADDRESS (STREET NAME AND NUMBER)	HOME ADDRESS (STREET NAME AND NUMBER)
PHONE NUMBER ()	PHONE ()
DATE OF INCIDENT, ACCIDENT, ILLNESS, DEATH OR ARREST	TIME
	LOCATION

EXPLAIN WHAT HAPPENED

ACTION TAKEN BY STAFF

ACTION TAKEN TO REMEDY AND/OR PREVENT REOCCURANCE OF INCIDENT, ACCIDENT, ILLNESS OR DEATH

NAME OF TREATING PHYSICAL/HEALTH CARE/MEDICAL FACILITY HOSPITAL	PHONE NUMBER	DATE AND TIME CARE GIVEN	<input type="checkbox"/> AM <input type="checkbox"/> PM
PHYSICIAN'S DIAGNOSIS OF INJURY/ILLNESS CAUSE OF DEATH IF KNOWN			

PERSON (S) NOTIFIED	NOTIFICATION DATE/TIME	PERSON (S) NOTIFIED	NOTIFICATION DATE/TIME
ADULT FOSTER CARE LICENSING	<input type="checkbox"/> AM <input type="checkbox"/> PM	ADULT PROTECTIVE SERVICES (IF APPLICABLE)	<input type="checkbox"/> AM <input type="checkbox"/> PM
PHYSICIAN OR RN (IF APPLICABLE)	<input type="checkbox"/> AM <input type="checkbox"/> PM	OFFICE OF RECIPIENT RIGHTS (IF APPLICABLE)	<input type="checkbox"/> AM <input type="checkbox"/> PM
RESPONSIBLE AGENCY	<input type="checkbox"/> AM <input type="checkbox"/> PM	LAW ENFORCEMENT AGENCY (IF APPLICABLE)	<input type="checkbox"/> AM <input type="checkbox"/> PM
DESIGNATED REPRESENTATIVE/LEGAL GUARDIAN	<input type="checkbox"/> AM <input type="checkbox"/> PM	OTHER (PLEASE SPECIFY)	<input type="checkbox"/> AM <input type="checkbox"/> PM

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME AND TITLE	DATE
SIGNATURE OF LICENSEE/ADMINISTRATOR	PRINT NAME AND TITLE	DATE

COPIES OF COMPLETED REPORT
TO BE SENT TO:

CME 2501

DESIGNATED REPRESENTATIVE/LEGAL GUARDIAN, CONTRACT/RESPONSIBLE AGENCY,
OFFICE OF RECIPIENT RIGHTS, AND DSS-AFC LICENSING DIVISION IN ACCORDANCE
WITH AFC LICENSING REQUIREMENTS, AND CMH RECIPIENT RIGHTS POLICIES.

RIGHTS ADVISOR COPY

#2550

**DETROIT-WAYNE MENTAL HEALTH AUTHORITY
INCIDENT, ACCIDENT ILLNESS, DEATH OR ARREST REPORT**

EXAMPLE

FACILITY/HOME NAME OF HOME/ WORKSITE		RESIDENT/RECIPIENT LAST NAME FIRST	
FACILITY ADDRESS HOUSE#, STREET#, APT.#		AGE AGE AT LAST BIRTHDAY	
CITY	STATE	ZIP	SEX <input type="checkbox"/> M (X ONE) <input type="checkbox"/> F
LICENSEE/ORGANIZATION NAME CO./ CORPORATION NAME		CASE NUMBER FIVE DIGITS	
LICENSEE NUMBER COMPANY LICENSEE NUMBER			

PERSON INVOLVED/WITNESS		NAME NAME OF ANYONE INVOLVED	
NAME INVOLVED/WITNESS YOUR NAME IF YOU SAW OR DISCOVERED INCIDENT		HOME ADDRESS: (STREET NAME AND NUMBER)	
HOME ADDRESS: (STREET NAME AND NUMBER)		PHONE NUMBER () INCLUDE AREA CODE	
DATE OF INCIDENT, ACCIDENT, ILLNESS, DEATH OR ARREST CIRCLE ONE- DATE MUST HAVE MO/DAY/YR.		TIME AM OR PM	LOCATION EXACT SITE/ ROOM, ETC.

EXPLAIN WHAT HAPPENED

1. HOW DID YOU BECOME AWARE OF THIS INCIDENT?
2. WHAT HAPPENED?
3. WHO WAS INVOLVED? WHERE DID IT HAPPEN? WHEN DID IT HAPPEN?
4. HOW DID IT HAPPEN (IF KNOWN)?
5. WERE THERE ANY INJURIES? WHAT DID THEY LOOK LIKE? WHAT DID YOU DO FOR THE INJURIES?

EACH PERSON (STAFF) OBSERVING THE INCIDENT MUST FILL OUT THIS FORM.

ACTION TAKEN BY STAFF **REMEMBER, THE PERSON WE SERVE IS YOUR FIRST RESPONSIBILITY.**
WHAT DID YOU DO TO STOP THE SITUATION OR HELP THE PERSON? DID YOU COMFORT THE PERSON? DID YOU CHECK HIM/ HER FOR INJURIES? WERE THERE ANY INJURIES? DID YOU TREAT THE INJURIES? HOW? DID YOU NOTIFY ANYONE? WHO (NAME OF PERSON) DID YOU NOTIFY AND INDICATE HIS/ HER JOB TITLE. INDICATE TIME OF NOTIFICATION.

ACTION TAKEN TO REMEDY AND/OR PREVENT REOCCURANCE OF INCIDENT, ACCIDENT, ILLNESS OR DEATH:
THIS AREA IS COMPLETED BY SUPERVISOR/ MANAGER BASED ON DECISIONS MADE BY MANAGEMENT, PROVIDER AND/ OR SUPPORT TEAM.

NAME OF TREATING PHYSICAL/HEALTH CARE/MEDICAL FACILITY HOSPITAL NAME OF HOSPITAL, E.R., MEDICAL FACILITY	PHONE NUMBER	DATE AND TIME CARE GIVEN <input type="checkbox"/> AM <input type="checkbox"/> PM
PHYSICIAN'S DIAGNOSIS OF INJURY/ILLNESS CAUSE OF DEATH IF KNOWN		

PERSON(S) NOTIFIED	TO BE COMPLETED BY STAFF OR MANAGER	NOTIFICATION DATE/TIME	PERSON (S) NOTIFIED	NOTIFICATION DATE/TIME
ADULT FOSTER CARE LICENSING NAME	() AM () PM	ADULT PROTECTIVE SERVICES (IF APPLICABLE) NAME	() AM () PM	
PHYSICIAN OR RN (IF APPLICABLE) NAME	() AM () PM	OFFICE OF RECIPIENT RIGHTS (IF APPLICABLE) NAME	() AM () PM	
RESPONSIBLE AGENCY NAME	() AM () PM	LAW ENFORCEMENT AGENCY (IF APPLICABLE) NAME	() AM () PM	
DESIGNATED REPRESENTATIVE/LEGAL GUARDIAN NAME	() AM () PM	OTHER (PLEASE SPECIFY) NAME	() AM () PM	
SIGNATURE OF PERSON COMPLETING REPORT		PRINT NAME AND TITLE	DATE	
SIGNATURE OF LICENSEE/ADMINSTRATOR		PRINT NAME AND TITLE	DATE	

COPIES OF COMPLETED REPORT TO BE SENT TO:

DESIGNATED REPRESENTATIVE/LEGAL GUARDIAN, CONTRACT/RESPONSIBLE AGENCY,
OFFICE OF RECIPIENT RIGHTS, AND DSS-AFC LICENSING DIVISION IN ACCORDANCE
WITH AFC LICENSING REQUIREMENTS, AND CMH RECIPIENT RIGHTS POLICES.

CMH 2501



Detroit Wayne Mental Health Authority

INCIDENT / ACCIDENT / ILLNESS / DEATH / ARREST / ETC.

Name of Facility/Home	License Number	Name of Resident/Recipient
Facility Address		MH-WIN Member number
Facility Phone		Age Date of Birth
Licensee Name		Sex (circle) Male Female

OTHER PERSON(S) INVOLVED / WITNESSES:

Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor	Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):			
Action taken by Staff / Treatment Given (Attach separate sheet if necessary):			
Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):			
Name of Treating Physician / Health Care / Medical Facility / Hospital		Phone Number	Date Care Given Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Physician's Diagnosis of Injury, Illness or Cause of Death, if known			

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date / Time Written Notice / Date	Adult Protective Services (if applicable)	Notification Date / Time
Physician or RN (if applicable)	Notification Date / Time	Office of Recipient Rights (if applicable)	Notification Date / Time
Responsible Agency	Notification Date / Time Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date / Time
Designated Representative / Legal Guardian	Notification Date / Time Written Notice / Date	Other (please specify)	Notification Date / Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Signature of Licensee / Licensee Designee / Administrator	Print Name and Title	Date

COPY DISTRIBUTION: Resident Record, Licensing Consultant, Office of Recipient Rights, Responsible agency (if required) and Designated representative




Complaint Number	Category
------------------	----------

DETROIT WAYNE MENTAL HEALTH AUTHORITY RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS: If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights representative will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to Detroit Wayne Mental Health Authority, Office of Recipient Rights, 707 W. Milwaukee St., 2nd floor, Detroit, MI, 48202-2943		
Complainant's Name:	Recipient's Name (if different from complainant):	
Complainant's Address:	Recipient's Address:	
Complainant's Phone Number:	Recipient's Phone Number:	
Where did the alleged violation occur?	When did the alleged violation happen? (date and time):	
What right was violated?		
Describe what happened:		
What would you like to have happen in order to correct the violation?		
Complainant's Signature	Date	Name Of Person Assisting Complainant
<div style="display: flex; justify-content: space-between;"> DCH 0030 Replaces DCH-2500 Authority: P.A. 258 of 1974 as amended </div> <div style="text-align: center; margin-top: 5px;"> Distribution: ORIGINAL TO ORR COPY to Complainant (with acknowledgement letter) </div>		

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

	Section 723, Public Act 258 of 1974 (Mental Health Code-Recipient Abuse) as amended	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 (Mental Health Code-Criminal Abuse) as amended
WHERE is the report made?	TO the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS http://tinyurl.com/oroffices	TO the MDHHS Office of Childrens Protective Services	TO the MDHHS Office of Adult Protective Services	TO the Michigan State Police, Local Sheriff or Local Police Department MSP 517-332-2521
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Molestation, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals or Units	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of Michigan Department of Health and Human Services Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals or Units; All mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected; sexually assaulted; or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of oral report (330.1723)
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made. In the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report?	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency?	YES	Each of these laws requires that the designated agency be contacted, if an allegation suspected to have occurred, falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility to report to other agencies, as statutorily required.		
Are there other agencies to which a report can be made?	YES	The Bureau of Community and Health Systems (UBA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/1-800-242-2873 The LARA ACF/IFA Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (UBA) COMPLAINT INTAKE UNIT 1-866-856-0126		

DCH-0727

rev. 6/2016

Available in English, Arabic and Spanish

YOU HAVE RIGHTS

When receiving services from
Detroit Wayne Mental Health Authority

If you or someone you know needs help
understanding their rights, or would like to talk
with someone about filing a complaint, contact the
Office of Recipient Rights at

Toll Free: 1-888-339-5595

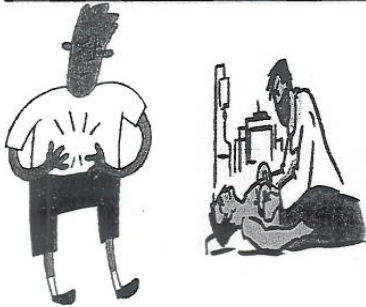
TDD: 1-888-339-5588

Fax: 313-833-2043



*Detroit Wayne Mental Health Authority
Office of Recipient Rights
707 W. Milwaukee, 2nd floor
Detroit, MI 48202-2943*

POSSIBLE MEDICAL EMERGENCIES



WHAT TO DO IF A PERSON:

- Looks sick or sicker to you**
- Is not his/her usual self**
- Is not as active, alert, or awake as usual**
- Is having difficulty breathing**
- Is having seizures that won't stop**
- Is not improving since his/her last doctor or emergency room visit**
- Takes or is given someone else's medicine or too much of his/her own medicine**
- Has come in contact with a possibly dangerous chemical/potential poison (swallowed, breathed in, or on his/her skin)**
- Seems to need medical help right now!**

DO NOT IGNORE THE SITUATION!
TAKE ACTION NOW!!!

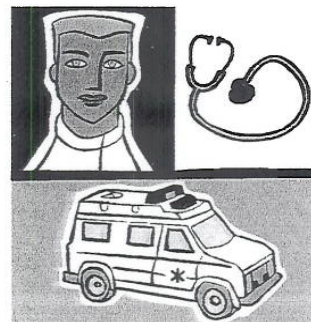
APPROPRIATE ACTION MAY INCLUDE one or more of these steps*:

Call 911

**Take person to the Emergency Room
or to Urgent Care****

Call Poison Control (1-800-222-1222)

**Contact person's Primary Care Physician
or Specialist**



**You do not need permission to take any of these steps.*

***Call 911 if person appears very ill or likely to become worse on the way to the ER.*

CONTRACTOR'S HOME MAINTENANCE RESPONSIBILITIES

The CONTRACTOR is responsible to provide a safe and clean environment and to complete required maintenance and repairs/replacements within the home. Additionally, these responsibilities may be limited or expanded to include specific lessee/tenant responsibilities as specified in any lease agreement for each residence.

The CONTRACTOR shall not make any structural, mechanical or other system changes to the residence, or obligate CLS for such changes, without prior written approval from the CLS Housing Coordinator. Environmental modifications must also be pre-approved by CLS.

The CONTRACTOR shall retain records relating to the maintenance, repair, and remodeling done at the home for seven (7) years beyond the end of the lease, and shall forward a copy of those records to CLS, Inc. if a home closes. These records shall include copies of all payments for furnace inspections, gutter cleaning, general repairs, and maintenance, etc.

CONTRACTOR RESPONSIBILITIES:

- *Annual heating/air conditioning systems inspections and cleaning with a documented carbon monoxide test of the heating system. Change furnace filters monthly.*
- *Complete exterior yard upkeep tasks:*
 - *mow lawns weekly*
 - *control weeds in the lawn and flower/shrub beds - add mulch as needed*
 - *trim shrubs twice yearly*
 - *remove leaves/debris from yard*
 - *clean oil spills off driveways*
- *Remove snow from driveways and sidewalks (including walks used for emergency exits) within a reasonable time frame to ensure safety.*
- *Clean gutters and downspouts bi-annually.*
- *Clean siding as needed.*
- *Pump septic tanks annually or more often if required.*
- *Obtain pest control services as needed.*
- *Wash, repair, and/or paint walls as needed.*
- *Clean floors daily and professionally clean carpet when needed.*
- *Complete maintenance/repair/replacement of appliances.*
- *Complete minor maintenance/repair of electrical, mechanical, and plumbing systems. For example: repair/replacement of electrical sockets, changing wax rings on toilets, etc. This list is not all inclusive. See **Maintenance Concerns Resolution** tool for further assistance.*
- *Complete monthly testing (with accompanying documentation) of smoke alarms, fire systems, etc. Battery replacement every six (6) months where needed.*
- *Clean and stain ramps and decks annually or as needed / Reapply non-slip surface to ramp as needed.*
- *Follow Quarterly/Seasonal Maintenance Schedule.*

Promptly notify the owner/lessor and CLS of serious/emergency/regulatory agency citations of physical plant concerns; take actions to have the situation corrected/repairs completed to protect the Persons living in the home and/or to prevent further damage and to satisfy regulatory standards.

Ensure completion of repairs and maintenance as identified by CLS and/or regulatory agencies. Failure to do so may result in sanctions by CLS.

All repairs and replacements must be completed to professional standards and with materials that are the same or equivalent to the existing unless Lessor and CLS permission is obtained.

If in doubt about the proper handling of a maintenance concern contact CLS Manager of Property and Buildings.



TRAINING ATTENDANCE RECORD

Community Living Services

DATE	START TIME	STOP TIME	PROGRAM / HOME / DEPT
ATTENDED AN EDUCATION SESSION ABOUT* (Please Specify)			

Please Print:

	Name	Last 4 digits of Social Security #	Program / Home / Dept.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____

Name of Instructor _____	Title _____	Date Sent to Training Department _____
--------------------------	-------------	--

WHITE - CLS Training Dept. File PINK - COACH

FORM 9307 (1/08)

CLS, INC. FIRE DRILL LOG AND EVALUATION

HOME NAME: _____		TYPE _____	RU#: _____	DATE: ____/____/____
HOME MANAGER NAME: _____		CORPORATION NAME: _____		
TIME: _____ A.M. OR P.M.		WEATHER: <input type="checkbox"/> warm <input type="checkbox"/> cold <input type="checkbox"/> rain <input type="checkbox"/> snow		
TYPE OF DRILL: <input type="checkbox"/> staff surprise drill <input type="checkbox"/> staff notified in advance drill <input type="checkbox"/> other _____				
TYPE OF ALARM: <input type="checkbox"/> smoke detector <input type="checkbox"/> pull station <input type="checkbox"/> control panel <input type="checkbox"/> actual fire <input type="checkbox"/> smoke <input type="checkbox"/> other _____				
RESIDENTS				
NAME		START PLACE/EXIT USED		
STAFF NAME		WHAT EACH STAFF DID		
LENGTH OF TIME TO LAST PERSON OUT THE DOOR: _____				
		EVALUATION		
ALARM WORKED PROPERLY		<input type="checkbox"/> YES <input type="checkbox"/> NO	CORRECTIVE ACTIONS IF DRILL IS FAIR/POOR	
STAFF BEGAN EVACUATION PROMPTLY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
EVACUATION PROCEDURE FOLLOWED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALL OCCUPANTS EVACUATED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
PROPER EXIT(S) USED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
EXTERIOR DOOR(S) OPENED EASILY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
EVACUATION ROUTE(S) CLEAR		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OUTSIDE LIGHTING ADEQUATE		<input type="checkbox"/> YES <input type="checkbox"/> NO		
STAFF HAD KEYS IN POSSESSION		<input type="checkbox"/> YES <input type="checkbox"/> NO		
STAFF TOOK PHONE AND EMERGENCY KIT		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ALARM SYSTEM RESET		<input type="checkbox"/> YES <input type="checkbox"/> NO		
"ALL CLEAR" PROCEDURE USED		<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON COMPLETING LOG		OVERALL FIRE DRILL EVALUATION		
		<input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		
		EVALUATED AND APPROVED BY Fire Safety Coord. _____		

TIME: ☐ AM ☐ PM

TYPE OF ALARM: ☐ SMOKE ☐ AUTO ALARM ☐ PULL STATION ☐ STAFF SHOUT ☐ RESIDENT ☐ OTHER:

SPRINKLER ACTIVATED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N.A.
FIRE EXTINGUISHER USED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DAMAGES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

LENGTH OF TIME UNTIL ALL RESIDENTS: OUT OF HOUSE	AT PLACE OF SAFETY	RETURNED TO HOUSE
0-15 MIN.		
16-30 MIN.		
31-45 MIN.		
46-60 MIN.		
61-75 MIN.		
76-90 MIN.		
91-105 MIN.		
106-120 MIN.		
121-135 MIN.		
136-150 MIN.		
151-165 MIN.		
166-180 MIN.		
181-195 MIN.		
196-210 MIN.		
211-225 MIN.		
226-240 MIN.		
241-255 MIN.		
256-270 MIN.		
271-285 MIN.		
286-300 MIN.		
301-315 MIN.		
316-330 MIN.		
331-345 MIN.		
346-360 MIN.		
361-375 MIN.		
376-390 MIN.		
391-405 MIN.		
406-420 MIN.		
421-435 MIN.		
436-450 MIN.		
451-465 MIN.		
466-480 MIN.		
481-495 MIN.		
496-510 MIN.		
511-525 MIN.		
526-540 MIN.		
541-555 MIN.		
556-570 MIN.		
571-585 MIN.		
586-600 MIN.		
601-615 MIN.		
616-630 MIN.		
631-645 MIN.		
646-660 MIN.		
661-675 MIN.		
676-690 MIN.		
691-705 MIN.		
706-720 MIN.		
721-735 MIN.		
736-750 MIN.		
751-765 MIN.		
766-780 MIN.		
781-795 MIN.		
796-810 MIN.		
811-825 MIN.		
826-840 MIN.		
841-855 MIN.		
856-870 MIN.		
871-885 MIN.		
886-900 MIN.		
901-915 MIN.		
916-930 MIN.		
931-945 MIN.		
946-960 MIN.		
961-975 MIN.		
976-990 MIN.		
991-1005 MIN.		
1006-1020 MIN.		
1021-1035 MIN.		
1036-1050 MIN.		
1051-1065 MIN.		
1066-1080 MIN.		
1081-1095 MIN.		
1096-1110 MIN.		
1111-1125 MIN.		
1126-1140 MIN.		
1141-1155 MIN.		
1156-1170 MIN.		
1171-1185 MIN.		
1186-1200 MIN.		
1201-1215 MIN.		
1216-1230 MIN.		
1231-1245 MIN.		
1246-1260 MIN.		
1261-1275 MIN.		
1276-1290 MIN.		
1291-1305 MIN.		
1306-1320 MIN.		
1321-1335 MIN.		
1336-1350 MIN.		
1351-1365 MIN.		
1366-1380 MIN.		
1381-1395 MIN.		
1396-1410 MIN.		
1411-1425 MIN.		
1426-1440 MIN.		
1441-1455 MIN.		
1456-1470 MIN.		
1471-1485 MIN.		
1486-1500 MIN.		
1501-1515 MIN.		
1516-1530 MIN.		
1531-1545 MIN.		
1546-1560 MIN.		
1561-1575 MIN.		
1576-1590 MIN.		
1591-1605 MIN.		
1606-1620 MIN.		
1621-1635 MIN.		
1636-1650 MIN.		
1651-1665 MIN.		
1666-1680 MIN.		
1681-1695 MIN.		
1696-1710 MIN.		
1711-1725 MIN.		
1726-1740 MIN.		
1741-1755 MIN.		
1756-1770 MIN.		
1771-1785 MIN.		
1786-1800 MIN.		
1801-1815 MIN.		
1816-1830 MIN.		
1831-1845 MIN.		
1846-1860 MIN.		
1861-1875 MIN.		
1876-1890 MIN.		
1891-1905 MIN.		

FIRE DEPARTMENT CALLED? ☐ YES ☐ NO FROM WHERE? _____ RESPONSE TIME: _____

RESPONSE, ASSISTANCE NEEDED, EXIT USED

[illegible]

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STEP BY STEP ACTIONS TAKEN

1. The first step in the process of creating a business plan is to conduct a market analysis. This involves researching the industry, identifying potential customers, and understanding the competitive landscape. A thorough market analysis helps to define the scope of the business and provides valuable insights into market trends and opportunities.

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1

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10

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MORE INFORMATION, CALL:

(Continued from page 60)

1386. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190. 2191. 2192. 2193. 2194. 2195. 2196. 2197. 2198. 2199. 2200. 2201. 2202. 2203. 2204. 2205. 2206. 2207. 2208. 2209. 2210. 2211. 2212. 2213. 2214. 2215. 2216. 2217. 2218. 2219. 2220. 2221. 2222. 2223. 2224. 2225. 2226. 2227. 2228. 2229. 2230. 2231. 2232. 2233. 2234. 2235. 2236. 2237. 2238. 2239. 2240. 2241. 2242. 2243. 2244. 2245. 2246. 2247. 2248. 2249. 2250. 2251. 2252. 2253. 2254. 2255. 2256. 2257. 2258. 2259. 2260. 2261. 2262. 2263. 2264. 2265. 2266. 2267. 2268. 2269. 2270. 2271. 2272. 2273. 2274. 2275. 2276. 2277. 2278. 2279. 2280. 2281. 2282. 2283. 2284. 2285. 2286. 2287. 2288. 2289. 2290. 2291. 2292. 2293. 2294. 2295. 2296. 2297. 2298. 2299. 2300. 2301. 2302. 2303. 2304. 2305. 2306. 2307. 2308. 2309. 2310. 2311. 2312. 2313. 2314. 2315. 2316. 2317. 2318. 2319. 2320. 2321. 2322. 2323. 2324. 2325. 2326. 2327. 2328. 2329. 2330. 2331. 2332. 2333. 2334. 2335. 2336. 2337. 2338. 2339. 2340. 2341. 2342. 2343. 2344. 2345. 2346. 2347. 2348. 2349. 2350. 2351. 2352. 2353. 2354. 2355. 2356. 2357. 2358. 2359. 2360. 2361. 2362. 2363. 2364. 2365. 2366. 2367. 2368. 2369. 2370. 2371. 2372. 2373. 2374. 2375. 2376. 2377. 2378. 2379. 2380. 2381. 2382. 2383. 2384. 2385. 2386. 2387. 2388. 2389. 2390. 2391. 2392. 2393. 2394. 2395. 2396. 2397. 2398. 2399. 2400. 2401. 2402. 2403. 2404. 2405. 2406. 2407. 2408. 2409. 2410. 2411. 2412. 2413. 2414. 2415. 2416. 2417. 2418. 2419. 2420. 2421. 2422. 2423. 2424. 2425. 2426. 2427. 2428. 2429. 2430. 2431. 2432. 2433. 2434. 2435. 2436. 2437. 2438. 2439. 2440. 2441. 2442. 2443. 2444. 2445. 2446. 2447. 2448. 2449. 2450. 2451. 2452. 2453. 2454. 2455. 2456. 2457. 2458. 2459. 2460. 2461. 2462. 2463. 2464. 2465. 2466. 2467. 2468. 2469. 2470. 2471. 2472. 2473. 2474. 2475. 2476. 2477. 2478. 2479. 2480. 2481. 2482. 2483. 2484. 2485. 2486. 2487. 2488. 2489. 2490. 2491. 2492. 2493. 2494. 2495. 2496. 2497. 2498. 2499. 2500. 2501. 2502. 2503. 2504. 2505. 2506. 2507. 2508. 2509. 2510. 2511. 2512. 2513. 2514. 2515. 2516. 2517. 2518. 2519. 2520. 2521. 2522. 2523. 2524. 2525. 2526. 2527. 2528. 2529. 2530. 2531. 2532. 2533. 2534. 2535. 2536. 2537. 2538. 2539. 2540. 2541. 2542. 2543. 2544. 2545. 2546. 2547. 2548. 2549. 2550. 2551. 2552. 2553. 2554. 2555. 2556. 2557. 2558. 2559. 2560. 2561. 2562. 2563. 2564. 2565. 2566. 2567. 2568. 2569. 2570. 2571. 2572. 2573. 2574. 2575. 2576. 2577. 2578. 2579. 2580. 2581. 2582. 2583. 2584. 2585. 2586. 2587. 2588. 2589. 2590. 2591. 2592. 2593. 2594. 2595. 2596. 2597. 2598. 2599. 2600. 2601. 2602. 2603. 2604. 2605. 2606. 2607. 2608. 2609. 2610. 2611. 2612. 2613. 2614. 2615. 2616. 2617. 2618. 2619. 2620. 2621. 2622. 2623. 2624. 2625. 2626. 2627. 2628. 2629. 2630. 2631. 2632. 2633. 2634. 2635. 2636. 2637. 2638. 2639. 2640. 2641. 2642. 2643. 2644. 2645. 2646. 2647. 2648. 2649. 2650. 2651. 2652. 2653. 2654. 2655. 2656. 2657. 2658. 2659. 2660. 2661. 2662. 2663. 2664. 2665. 2666. 2667. 2668. 2669. 2670. 2671. 2672. 2673. 2674. 2675. 2676. 2677. 2678. 2679. 2680. 26

CLS, INC. TORNADO DRILL LOG

| | | | |
|---|--|---|---|
| HOME NAME: _____ | | RU#: _____ | DATE: ____/____/____ |
| TORNADO WATCH <input type="checkbox"/> | TORNADO WARNING <input type="checkbox"/> | PRACTICE DRILL <input type="checkbox"/> | TIME ____ AM <input type="checkbox"/> PM <input type="checkbox"/> |
| NUMBER FOSTER CHILDREN PRESENT _____ | | FOSTER PARENT/STAFF PRESENT _____ | |
| TORNADO SHELTER AREA USED: _____ | | _____ | |
| EMERGENCY RADIO AVAILABLE Y <input type="checkbox"/> N <input type="checkbox"/> | | _____ | |
| CORDLESS PHONE AVAILABLE Y <input type="checkbox"/> N <input type="checkbox"/> | | _____ | |
| STEP BY STEP ACTIONS TAKEN BY FOSTER PARENT/STAFF | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| LENGTH OF TIME TO GET EVERYONE IN SHELTER AREA _____ | | _____ | |
| LENGTH OF TIME SPENT IN SHELTER (AT LEAST 30 MINUTES) _____ | | _____ | |
| SUPERVISOR EVALUATION AND RECOMMENDATIONS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| FOSTER PARENT SIGNATURE _____ | | DATE ____/____/____ | |
| STAFF SIGNATURE (if applicable) _____ | | DATE ____/____/____ | |

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HOW TO COMPLETE THE PERSONAL SAFETY CHECKLIST

- For each person living in a Person Controlled Setting (EXT, HMO, SIP, or Self-Determination of 3 people or less) a "Personal Safety Checklist" must be completed every year. If someone moves in or out or there is a change in condition/ability of a person, safety needs must also be re-evaluated.
- Answer each question on the "Personal Safety Checklist". If the answer is No, explain in detail what is being done to make sure the individual is safe.
- All questions must be answered.
- Submit ORIGINAL to the Quality Management Department at CLS, Inc.
- Develop and implement an Emergency Plan within 7 days of completing the "Personal Safety Checklist". This plan should include all information/strategies identified on the completed checklist.
- If someone other than the FSC completes the form, the FSC must review and sign it before submission.

1) Can the smoke detector/fire alarm system be heard everywhere in the house/apartment? Will it awaken residents if necessary?

***If the answer is NO...**what is being done/implemented so that everyone in the home will be alerted in the event of a fire?

2) Is there a fire extinguisher that the person can easily access?

***If the answer is NO...**An extinguisher must be immediately obtained and mounted in an appropriate place.

3) Does the person know how to use it properly and effectively to help evacuate in the event of a fire?

***If the answer is NO** Residents and staff must be trained on operation and use of fire extinguisher to aid in evacuation if necessary.

4) Is the person both physically and cognitively able of evacuation in the event of fire? Do they understand that they should not try to put out a fire, if the alarm sounds they leave, how to use the extinguisher for escape if necessary, to move away from the building after evacuating, call or have someone call 911?

***If the answer is NO...**what is being done/implemented so that they will be evacuated safely in the event of a fire?...

5) Is the person both physically and cognitively able of evacuation in the event of a tornado? This means that they understand what a tornado is and the damage it can cause, how to know that there is a threat of tornado, how and where to take shelter and how long to stay in the shelter.

***If the answer is NO...**what is being done/implemented so that they will be safe in the event of a tornado?

6) This questions deals with the need for adaptive equipment or other forms of assistance due to the types of reasons provided in the question.

***If the answer is NO...**what is being done/implemented so that they will have the equipment they need?

7) Is the person able to (without help) dial a telephone, communicate in a manner that is understood, know the neighbors so that they could ask for help if necessary, have some other way of contacting others for help?

***If the answer is NO...**How will they get help if necessary?

8) Can the person dial 911 (without help) in the event of a medical emergency or any other emergency (accident, fire, etc.)?

***If the answer is NO...** How will they get help if necessary?

9) Does the person have access to a land line phone to use in case there is a power outage?

***If the answer is NO...** How will they call out or have anyone be able to call in when there is no electricity?

10) A current emergency plan means that there is a plan in place that clearly addresses the safety needs of each person living in the home. The plan must include evacuation/shelter diagrams that are understood by everyone in the home and available.

***If the answer is YES,** what is the date on the plan? Is it still appropriate?

***If the answer is NO...**You must have a plan developed and implemented within 7 days of completing this checklist. If there is a plan and upon review it has been found to still be valid. Sign and date the existing plan.

Personal Safety Checklist

Instructions: Please fill in the following checklist at least annually and return to the Quality Management Department. This will help you know what steps need to be taken to insure that you/the identified person is safe in your/their home.

Name: _____ Personal ID #: _____ Home RU # _____

Staffing Agency _____ Fire Safety Coord or Responsible SC/PA _____

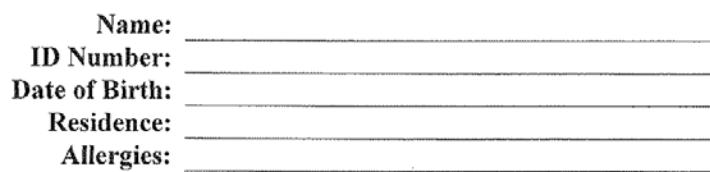
| | Y | N |
|--|--------------------------|--------------------------|
| 1. There are smoke detectors or alarms that can be heard anywhere in the home/apartment.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There is a fully charged fire extinguisher in the home.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I can reach and am able to use a fire extinguisher to help me evacuate.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the event of a fire, I know how, and am able, to evacuate my home without help (even transferring).
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the event of a tornado, I know where to go in my home for shelter and am able to go there without help (even transferring).
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am able to evacuate or take shelter without using any assistive equipment. (If no, is assistive equipment needed due to...being an extremely sound sleeper, on sedating drugs, having impaired mobility, needing transfer help, deafness, blindness, etc.?)
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am able to call a neighbor, friend or family member for emergency personal assistance without help.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am able to call 911 in the case of a medical emergency/accident/fire without help.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have access to a land line phone (old fashioned corded phone) in case of a power outage.
If no, how is this need being addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. There is a current written emergency plan in my home addressing my fire evacuation and tornado shelter needs, with evacuation/shelter diagrams that anyone can understand and use. | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, date of plan completed (Must be within 7 days of completing this checklist)

____/____/____

Name of Person Completing Checklist: _____ Title: _____ Date Completed _____

Original: CLS QM



LOCATION/FACILITY/AGENCY VISITED: _____

CONSULTANT NAME/SPECIALTY/CLINIC/SERVICE:

REASON FOR REFERRAL: _____

Date: _____ Signed: _____ Title: _____

Accompanied on visit by:

REPORT OF CONSULTANT: (Findings, Diagnosis and Recommendations)

Rx Given: Yes _____ No _____

Date: _____ Signed: _____

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NOTICE OF CHANGE IN CLINICAL SERVICE

Name: _____

Date: _____

ID: _____

Supports Coordinator: _____

Home: _____

Team Assistant: _____

Following a review of the clinical support services you are currently receiving, it has been recommended that the following service(s) be revised as follows:

| Service(s) | SAL Code/Procedure Code | Revision (scope, duration, frequency) |
|--------------------------------------|-------------------------|---------------------------------------|
| <input type="checkbox"/> OT | _____ | _____ |
| <input type="checkbox"/> PSYCH | _____ | _____ |
| <input type="checkbox"/> PSYCHIATRIC | _____ | _____ |
| <input type="checkbox"/> PT | _____ | _____ |
| <input type="checkbox"/> RD | _____ | _____ |
| <input type="checkbox"/> RN | _____ | _____ |
| <input type="checkbox"/> SLP | _____ | _____ |

The reason for this action is:

Signature/Credentials _____

Date _____

☐ Services Disapproved

☐ Services Approved

Supports Coordinator Signature _____

Date _____

Abstract of Fraud, Abuse and Whistleblower Protection Laws

➤ Federal False Claims Act (31 USC 3729-3733)

- What it does:

In general, the False Claims Act prohibits any person or entity from:

- a. Knowingly present[ing], or caus[ing] to be presented, a false or fraudulent claim for payment or approval;
- b. Knowingly mak[ing], us[ing], or caus[ing] to be made, or used, a false record or statement material to a false or fraudulent claim.

- "Knowingly" means:

- a. Actual knowledge that the information is false;
- b. Actions in deliberate ignorance of the truth or falsity of the information;
An example of deliberate ignorance is: deliberately ignoring information which may reveal the falsity of the information submitted to the Government.
- c. Actions in reckless disregard of the truth or falsity of the information, and
An example of reckless disregard is: not bothering to check the truthfulness or accuracy of representations submitted to the government when he/she should have known that these representations were false.
- d. No proof of specific intent to defraud is required. (31 USC 3729(b)).

- Examples of a false claim:

- a. Billing for services / procedures not performed
- b. Billing for services / procedures that were not rendered as described or were unnecessary
- c. Double billing
- d. Billing for services that are not covered or authorized

- Remedies:

The statute provides for civil fines for each false claim and treble damages. Some false claims may be felony violations under 18U.S.C 287.

- Qui Tam "Whistleblower" Provision:

The federal False Claims Act permits a person, commonly known as a whistleblower, to file a *qui tam* lawsuit on behalf of the government against the person or entity that committed the fraud. If the action is successful, the "*qui tam*" or whistleblower plaintiff is awarded a percentage of the recovery.

- Whistleblower Protections Under the False Claims Act (31 USC 3730(h)):

Any employee, contractor, or agent shall be entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, or agent on behalf of the employee, contractor, or agent or associated others in furtherance of other efforts to stop 1 or more violations of [False Claims Act].

Relief ... shall include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

➤ **Federal Program Fraud Civil Remedies Act (31 USC 3801-3812):**

- What it does:
The Program Fraud Civil Remedies Act of 1986 (PFCRA) provides administrative remedies for making false claims to certain federal agencies, including the Department of Health and Human Services (HHS). It imposes liability on people or entities who file a claim that they know or have reason to know:
 - a. Is false, fictitious, or fraudulent;
 - b. Includes or is supported by any written statement that contains false, fictitious, or fraudulent information;
 - c. Includes or is supported by a written statement that omits a material fact that causes the statement to be false, fictitious, or fraudulent, and the person or entity submitting the statement has a duty to include the omitted fact; or
 - d. Is for payment for property or services not provided as claimed.
- In addition, a person or entity violates the PFCRA if they submit a written statement which they know or should know:
 - a. Asserts a material fact that is false, fictitious, or fraudulent; or
 - b. Omits a material fact that they had a duty to include, the omission caused the statement to be false, fictitious, or fraudulent, and the statement contained a certification of accuracy.
- Penalties:
A violation of the PFCRA is punishable by a \$5,000 civil penalty for each wrongfully filed claim, plus an assessment of twice the amount of any unlawful claim that has been paid.

➤ **The Michigan Medicaid False Claims Act (MMFCA) (MCL 400.601-400.615):**

- What it does:
The MMFCA is a state law that is designed to prevent fraud, kickbacks, and conspiracies in the Michigan Medicaid program. The Act also makes it illegal to pay or receive bribes in exchange for medical referrals reimbursed by Medicaid. Furthermore, it establishes liability for anyone who makes, presents, or causes to be made or presented a claim that he or she knows falsely represents that the goods or services for which the claim is made were medically necessary in accordance with professionally accepted standards. MMFCA was amended (effective January 6, 2009) to mirror federal standards and meet the requirements of the Federal Deficit Reduction Act.

For example, a person shall not knowingly make or cause to be made a false statement or false representation of a material fact in an application for Medicaid benefits; a person shall not knowingly make or cause to be made a false statement or false representation of a material fact for use in determining rights to a Medicaid benefit; a person, who having knowledge of the occurrence of an event affecting his initial or continued right to receive a Medicaid benefit or the initial or continued right of any other person on whose behalf he has applied for or is receiving a benefit, shall not conceal or fail to disclose that event with intent to obtain a benefit to which the person or any other person is not entitled or in an amount greater than that to which the person or any other person is entitled. MCL 400.603(1)-(3).

- "Benefit" means the receipt of money, goods, or anything of pecuniary value. MCL 400.602(a).

Under the MMFCA, knowing and knowingly means that a person is in possession of facts under which he or she is aware or should be aware of the nature of his or her conduct and that his or her conduct is substantially certain to cause the payment of a Medicaid benefit. Knowing or knowingly includes acting in deliberate ignorance of the truth or falsity of facts or acting in reckless disregard of the truth or falsity of facts. Proof of specific intent to defraud is not required. MCL 400.602(f).

- Penalties:
 - a. A person who violates the MMFCA may be subject to both criminal and civil penalties.
 - b. Violation of the MMFCA is a felony punishable by four years or less in prison, or a fine, or both.
 - c. Civil monetary penalties are equal to the full amount received plus triple damages, a fine between \$5,000 and \$10,000 for each violation, and possible exclusion from participating in the Michigan Medicaid Program.
- State Qui Tam "Whistleblower" Provision:

MMFCA contains a *qui tam* provision that only applies to Medicaid. The MMFCA allows any person, referred to as a "*qui tam*" or whistleblower plaintiff, to file a civil lawsuit in order to recover losses on behalf of the State of Michigan. If the government decides that the lawsuit has merit, it may intervene, and the whistleblower has the right to continue as a party to the action. If the government decides not to intervene, the whistleblower may continue the lawsuit on his/her own. If the lawsuit is successful, the whistleblower may receive an award ranging from fifteen to thirty percent of the amount recovered depending upon certain court findings.
- State "Whistleblower" Protection:

The MMFCA protects whistleblowers who file claims in good faith from retaliation by their employers. These protections do not apply to whistleblowers that file frivolous claims, file claims in bad faith, or were directly involved in certain aspects of the claim. An employee who either files a lawsuit under the MMFCA or cooperates in a MMFCA lawsuit may be entitled to reinstatement of employment, back pay, compensation for special damages, and any other relief necessary to make the employee whole, if his or her employer engages in any retaliatory conduct.

Additional State Whistleblower Protection

- **The Whistleblowers' Protection Act (MCL 15.361 - 15.369):**

The Whistleblowers' Protection Act provides protection to employees who report a violation or suspected violation of state, local, or federal law or participate in hearings, investigations, legislative inquiries, or court actions.
- What it does:

Generally, under the Whistleblowers' Protection Act, employers shall not discharge, threaten, or discriminate against an employee regarding the employee's compensation, terms, conditions, location, or privileges of employment because:

 - a. The employee, or person acting on behalf of the employee, reports or is about to report in good faith, a violation of law; or
 - b. An employee is requested by a public body to participate in an investigation, hearing, or inquiry held by that public body, or a court action.

- **Remedies:**

A person who alleges a violation of this act may bring a civil action for injunctive relief, actual damages, or both within 90 days after the occurrence of the alleged violation. Such employee may be entitled to reinstatement of employment, the payment of back wages, full reinstatement of fringe benefits and seniority rights, actual damages, or any combination of these remedies as well as all or a portion of the costs of litigation, including reasonable attorney fees and witness fees.

➤ **Other Fraud and Abuse Regulations:**

- Health Care Fraud, 18 USC 1347
- False Statements Relating to Health Care Matters, 18 USC 1305
- Medicare-Medicaid Anti-Fraud and Abuse Amendments, 42 USC 1320a-7b(a)
- Theft or Embezzlement in Connection with Health Care, 18 USC 669
- Obstruction of Criminal Investigation of Health Care Offenses, 18 USC 2518
- Federal Anti-Kickback Statue, 42 USC 1320a-7b(b)
- Civil Monetary Penalties, Section 1128A of the Social Security Act [42 U.S.C. 1320a-7a]
- Michigan Health Care False Claims Act, MCL 752.1001 et seq. (*applies to private health plan claims*)

Please note that the above abstract is a summation of pertinent fraud and abuse laws and standards for informational purposes only. The information presented is not all inclusive and may not reflect the most current legal standards or developments. This information is not intended to constitute legal advice and should not be relied upon in lieu of consultation with appropriate legal counsel.

Compliance Oversight:

- Network Providers who receive or make Medicaid payments of at least \$5,000,000 annually shall comply with **Section 6032 of the Deficit Reduction Act of 2005/Section 1902(a) (68) of the Social Security Act.**

All Network Providers are required to implement a compliance oversight process for preventing, detecting, and reporting fraud, waste, and abuse in connection with such funds. The components of a compliance oversight process include:

- A Compliance Plan;
 - The designation of a compliance officer, who is accountable to senior management;
 - The establishment of policies and procedures for promoting ethical conduct and preventing, detecting, investigating, and reporting allegations of suspected fraud, waste and abuse;
 - Communication of the aforementioned policies and procedures through training programs for staff;
 - Provisions for internal monitoring and auditing;
 - Periodic evaluation of the effectiveness of the compliance process;
 - A system that allows staff to anonymously and confidentially report suspected violations without fear of retaliation.
- Any suspicion or knowledge of fraud and/or abuse within the Detroit Wayne Mental Health Authority (DWMHA) Network, CLS Provider Network, must be reported to CLS and/or (as applicable, the DWMHA) by calling or sending a memo via email to the following:

- Chandra Cozart, J.D.
CLS Compliance Officer
35425 Michigan Avenue West
Wayne, MI 48184
(734) 722-5789
ccoart@comlivserv.com
- Eric Doeh, J. D.
DWMHA Compliance Officer
707 W. Milwaukee Ave.
Detroit, MI 48202
(313) 344-9099
edoeh@dwmha.com
- DWMHA Compliance Hotline: (313) 833-3502

Please note, CLS must be immediately notified of reports made to the DWMHA. For further details regarding the reporting and investigation of fraud and abuse, please consult your provider contract.

CLS Legal Services Department

- Network Providers are contractually required to provide written notification to the Legal Services Department within one (1) business day of receipt of:
 - ❖ A legal claim related to the delivery/administration of services under its Contract(s);
 - ❖ Any action(s) taken or investigation(s) initiated by any governmental agency or program, or by an accrediting body that will or could adversely affect the delivery of services under its Contract(s);
 - ❖ Any inquiries or requests for information from federal or state agencies or any authority pertaining to fraud, waste, or abuse;
 - ❖ Any suspicion or knowledge of fraud, waste and/or abuse within the Detroit Wayne Mental Health Authority Network, the CLS Provider Network or involving monies or Enrollees' receiving services;
 - ❖ Investigations completed by the Service Provider or any agency or authority, the results thereof, and any corrective action(s) taken.
 - ❖ Notification(s) may be faxed to the CLS Legal Services Department at (734) 467-7639.
- Network Service Providers are contractually required to obtain prior written authorization from the Legal Services Department to disclose or produce an original or copy of any of the terms of its confidential, proprietary Service Provider Contract to a third part unless such disclosure is permitted by the Contract or in response to a valid subpoena or court order. In the event of such occurrence, Network Service Providers shall notify the CLS Legal Services Department immediately by telephone or by fax.

Employment/Skill Building

COMMUNITY LIVING SERVICES

Vocational Referral Form

Name:

ID#:

Address:

Phone #:

DOB:

Contact Person: Krystal Smith

Phone #:

Social Security #:

State ID/Driver's License #:

CLS Supports Coordinator/Personal Agent:

Does the person have transportation available?

Education History: _____

Work History (a resume can be attached): _____

Reason for Referral (check all that apply):

☐ Career Exploration

☐ Community Skill Building

☐ Job Development

☐ Micro-Enterprise

☐ Job Coaching

☐ Drivers Education Certification

☐ Job Follow Along Services

☐ Other: _____

Programs Visited:

Program of Choice:

Date of interview with this vocational provider?

Vocational program representative present at the interview:

Signature: _____

Date: _____

Personal Plan to be forwarded upon request or when there is an agreement for services.

August 2007

Supported Employment & Skill Building - Progress Note Requirements

1. Notes must be legible
2. First and Last Name of the CLS enrollee
3. CLS ID#
4. Program Name
5. Date of the Service
6. Start and Stop time
7. Identify Service Code and corresponding covered service, setting/type of services that occurred, and the place of service (code/or description).
8. Active Measurable Goal
9. Description of the services provided to support the goal and service code activities. Include the activities offered, the person's level of participation, satisfaction, any progress achieved, and the activity location. If the person didn't engage in the activity offered, explain why. Remember to identify any coordination of care / services and indicate the start and end time (if any).
10. Staff signature, title, and date note was completed.

Additional Reminders:

- Can't include time for eating lunch – not billable.
- Progress notes should not be out of sequence. If a progress note is out of sequence (rare occasions), make sure the signature date is on the day the progress note is written, not the day of service. In other words, do not back date your entry.
- Goals should address: person, clear objective, frequency, actions being performed, and time limited.
- No sensory integration goals unless it is written and in-serviced by an OT.
- Clinical Service plans must be in-serviced by the clinician.
- Progress note can't simply say the person stayed in-house.
- Any services being provided addressed by another discipline needs to be backed out of service time (e.g. SC, OT, Psychologist, etc.).
- Use pen and do not use pencil or correction fluid/tape. If an error occurs, draw one line through the error and write your initials next to the error. Do not scribble over an error.
- Never pre-fill out a progress note. It should be filled out before the end of the shift worked.
- Do not leave any applicable areas blank on a progress note entry.
- Never document false information.

Supported Employment and Skill Building Progress Notes

Name: _____ CLS ID# Program: _____

| | | | | | | | | |
|---|--|--|--|--|--------------------------------------|---|---|--|
| Date: _____ | | | Start Time: ____:____ am / pm | | | End Time: ____:____ am / pm | | |
| <small>Mark an 'X' in the box for the authorized vocational code / service.</small> | | | | | | | | |
| <input type="checkbox"/> H2014 - Skill Building/Out of Home Non Voc. | | | <input type="checkbox"/> H2023 – Employment/Job Coaching | | | <input type="checkbox"/> T 2015 - Prevocational | | |
| <small>Mark an 'X' in the box for the setting/type of services that occurred.</small> | | | | | | | | |
| <input type="checkbox"/> In the community | | | <input type="checkbox"/> Enclave | | <input type="checkbox"/> Mobile Crew | | <input type="checkbox"/> Facility Based | |
| <input type="checkbox"/> Sheltered Workshop | | | <input type="checkbox"/> Micro Enterprise | | | <input type="checkbox"/> Employed | | |
| Place of Service (Code or Description): | | | | | | | | |
| <small>Mark an 'X' in the box if the Coordination of Care Services occurred during the delivery of services.</small> | | | | | | | | |
| <input type="checkbox"/> SC | | | <input type="checkbox"/> PSY | | <input type="checkbox"/> OT | | <input type="checkbox"/> SLP | |
| <input type="checkbox"/> RN | | | Start Time: ____:____ am / pm | | | End Time: ____:____ am / pm | | |
| Active Measurable Goal: | | | | | | | | |
| Active Measurable Goal: | | | | | | | | |
| <small>Write a clear description of the services provided to support the goal and service code activities. Include: activities offered, person's level of participation and satisfaction, and progress achieved. If the person did not engage in the activity offered, explain why.</small> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Staff Signature: _____ | | | | | Title: _____ | | Date: _____ | |

| | | | | | | | | |
|---|--|--|--|--|--------------------------------------|---|---|--|
| Date: _____ | | | Start Time: ____:____ am / pm | | | End Time: ____:____ am / pm | | |
| <small>Mark an 'X' in the box for the authorized vocational code / service.</small> | | | | | | | | |
| <input type="checkbox"/> H2014 - Skill Building/Out of Home Non Voc. | | | <input type="checkbox"/> H2023 – Employment/Job Coaching | | | <input type="checkbox"/> T 2015 - Prevocational | | |
| <small>Mark an 'X' in the box for the setting/type of services that occurred.</small> | | | | | | | | |
| <input type="checkbox"/> In the community | | | <input type="checkbox"/> Enclave | | <input type="checkbox"/> Mobile Crew | | <input type="checkbox"/> Facility Based | |
| <input type="checkbox"/> Sheltered Workshop | | | <input type="checkbox"/> Micro Enterprise | | | <input type="checkbox"/> Employed | | |
| Place of Service (Code or Description): | | | | | | | | |
| <small>Mark an 'X' in the box if the Coordination of Care Services occurred during the delivery of services.</small> | | | | | | | | |
| <input type="checkbox"/> SC | | | <input type="checkbox"/> PSY | | <input type="checkbox"/> OT | | <input type="checkbox"/> SLP | |
| <input type="checkbox"/> RN | | | Start Time: ____:____ am / pm | | | End Time: ____:____ am / pm | | |
| Active Measurable Goal: | | | | | | | | |
| Active Measurable Goal: | | | | | | | | |
| <small>Write a clear description of the services provided to support the goal and service code activities. Include: activities offered, person's level of participation and satisfaction, and progress achieved. If the person did not engage in the activity offered, explain why.</small> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Staff Signature: _____ | | | | | Title: _____ | | Date: _____ | |



CLS, INC. QUARTERLY EMPLOYMENT REPORT COVER SHEET

Program Name: _____

1. Number of CLS Consumers in Supported Employment (do not include people receiving follow-along services on this line- they are to be recorded on line 2: _____

2. Number of CLS Consumers receiving follow-along services: _____

3. Number of CLS Consumers *Earning Income* in Micro-Enterprise: _____
(Do not count these people in any other category)

4. Number of CLS Consumers Volunteering 50% or more of their attendance time: _____

5. Number of CLS Consumers Participating in Community Skill Building 50% or more of their attendance time: _____

6. Number of CLS Consumers Participating in Facility Based/Day Program 50% or more of their attendance time: _____

7. Number of CLS Consumers Participating 50% or more of their attendance time in Pre-Vocational Sheltered Shop: _____
(people should not be participating in SEP or Micro-Enterprise & Sheltered Work at the same time-please notify me if this is happening.)

Total Number of CLS people receiving services (this number should be equal to the total of the numbers listed in lines 1 thru 7 and should be equal to the number of people you are completing a monthly "Employment and Skill Building Activity Report" for: _____

Michigan Department of Career Development Data (this quarter only)

Number of CLS Consumers denied services from MRS: _____

Number of CLS Consumers receiving benefits from MRS: _____

COMMUNITY LIVING SERVICES, INC., - EMPLOYMENT REPORT

Quarter ending

- ☐ December 31 _____
☐ March 31 _____
☐ June 30 _____
☐ September 30 _____

Due Dates: January 5 _____
 April 5 _____
 July 5 _____
 October 5 _____

INDIVIDUAL PLACEMENTS

| Total # of Individual Placements: _____ | # of Persons | \$0.00 - 1.99 | \$2.00 - 4.99 | \$5.00 - 8.14 | \$8.15 + | # Employed 6 Months | # with Employer Medical Benefits |
|---|--------------|---------------|---------------|---------------|----------|---------------------|----------------------------------|
| 30 or more hours | | | | | | | |
| 20-29 hours | | | | | | | |
| 10-19 hours | | | | | | | |
| Less than 10 hours | | | | | | | |

All Participant Total Wages _____

ENCLAVES

| Total # of Enclaves: _____ | # of Persons | \$0.00 - 1.99 | \$2.00 - 4.99 | \$5.00 - 7.39 | \$7.40 + | # Working 6 Months | # with Employer Medical Benefits |
|----------------------------|--------------|---------------|---------------|---------------|----------|--------------------|----------------------------------|
| 30 or more hours | | | | | | | |
| 20-29 hours | | | | | | | |
| 10-19 hours | | | | | | | |
| Less than 10 hours | | | | | | | |

All Participant Total Wages _____

MOBILE CREWS

| Total # of Mobile Crews: _____ | # of Persons | \$0.00 - 1.99 | \$2.00 - 4.99 | \$5.00 - 7.39 | \$7.40 + | # Working 6 Months | # with Employer Medical Benefits |
|--------------------------------|--------------|---------------|---------------|---------------|----------|--------------------|----------------------------------|
| 30 or more hours | | | | | | | |
| 20-29 hours | | | | | | | |
| 10-19 hours | | | | | | | |
| Less than 10 hours | | | | | | | |

All Participant Total Wages _____

Number Participating in Facility Based Skill Building: _____ Sheltered Work: _____

Name of Program: _____

CLS Quarterly Employment Services Report

VOLUNTEER WORK

| HOURS PER <u>WEEK</u> : | NUMBER OF PEOPLE: |
|-------------------------|-------------------|
| 0 – 9 | |
| 10 – 19 | |
| 20 – 29 | |
| 30 + | |
| | TOTAL |

Please record only those people participating 50% or more of their scheduled time in Volunteer Work. People counted as Volunteer Work should not be counted in any other category.

COMMUNITY SKILL BUILDING

| NUMBER OF DAYS OUT <u>QTRLY</u> | NUMBER OF PEOPLE: |
|---------------------------------|-------------------|
| 1 – 10 | |
| 11 - 20 | |
| 21 – 30 | |
| 31 – 40 | |
| 41 – 50 | |
| 51 - 60 + | |
| | TOTAL |

Please record only those people participating 50% or more of their scheduled time in Community Skill Building. People counted as Community Skill Building should not be counted in any other category.

DATE: _____ PROGRAM NAME: _____

CLS Quarterly Micro-Enterprise Report

| Person's Name | Business Name | Type of Business | Quarterly Earnings |
|---------------|---------------|------------------|--------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |

Include only persons that have **earned income** this quarter. Please record only one name per line.

DATE: _____ **PROGRAM NAME:** _____

**CLS Inc. – Quarterly SEP Report
Employment Information**

| TYPE OF WORK PERFORMED | # OF PEOPLE |
|---------------------------------|--------------------|
| Assembly/Manufacturing | |
| Baggage/Porter | |
| Clerical/Office | |
| Delivery | |
| Dishwasher | |
| Food Service | |
| Grocery/Retail | |
| Grounds keeping | |
| Janitorial/Housekeeping/Laundry | |
| Recycling/Sorting | |
| Stocking/Warehouse | |
| *Other | |

*Please describe the “type of work performed” for anyone listed in the
“other” column: _____

FADING

| JOB COACHING HOURS | NUMBER OF PEOPLE |
|---------------------------|-------------------------|
| 51%-100% | |
| 50% OR BELOW | |
| FOLLOW ALONG | |
| INDEPENDENT | |

DATE: _____ PROGRAM NAME: _____

CLS Inc. – Quarterly SEP Report
Employer Information for People Receiving Supports/Job Coaching

Program: _____ **Date:** _____

| CLS ID# | Name of Worker | Place of Employment | Location |
|----------------|-----------------------|----------------------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |

Signature: _____

CLS Inc. – Quarterly SEP Report
Employer Information for People Not Receiving Supports From an Employment Services Provider

Program: _____ **Date:** _____

| CLS ID# | Name of Worker | Place of Employment | Location |
|----------------|-----------------------|----------------------------|-----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |

Signature: _____



CLS EMPLOYMENT SERVICES NETWORK PROVIDER SERVICES & SUPPORTS REVIEW

Program Name:
Date:

Contact Person:

Number of CLS persons currently receiving services/supports?
services:

Overall number receiving

Number of CLS people attending less than 3 ½ hrs./day: less than 5 days per week?

Are annual satisfaction reviews being completed on all CLS people receiving services/supports?

Is this company performing Continuous Quality Management procedures?

Number of staff currently employed?

Administrative :

Other: N/A

Number of Company vehicles:

Number of staff vehicles used:

Number of CLS people working?

Number of CLS people on follow-along?

Number of people working overall?

Number of CLS people presented to Michigan Rehabilitation Services (MRS):

Number of CLS people receiving benefits from MRS:
benefits:

Number of CLS people denied

Number of CLS people participating in Micro Enterprises:

Earning income:

| Welcoming Environment | Yes | No | N/A | Comments |
|--|-----|----|-----|----------|
| Is the office welcoming? | | | | |
| Is it cluttered and untidy? | | | | |
| Are first time visitors welcomed and introduced to the organization? | | | | |
| Do staff greet people by their first name or by Mr. or Ms.? | | | | |
| Is there comfortable seating available? | | | | |
| Is the office handicapped accessible? (doors, counters & | | | | |

| | | | | |
|--|--|--|--|--|
| bathrooms) | | | | |
| Is there a posting of hours and days of operation on all access doors? | | | | |
| Is there signage posted for hearing and vision impaired? | | | | |
| Is there a community display board? | | | | |
| Is there an LEP poster displaying alternative languages? | | | | |

| Welcoming Environment | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Is there a Recipient Rights poster displayed & Rights booklets available? | | | | |
| Is there a Grievance poster displayed & Grievance pamphlets available? | | | | |
| Are Medicaid Fair Hearing applications available? | | | | |
| Is literature about the organization available to read? | | | | |
| Is DWMHA literature available regarding mental health services? | | | | |

| How Calls are Handled | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Who is responsible to answer customer services calls? | | | | |
| Is there a log for all customer calls? | | | | |
| Are calls sent to a live person? | | | | |
| Are calls sent to voice-mail? | | | | |
| What is your warm transfer process? | | | | |

| New Enrollees | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Is there a written policy and procedure? | | | | |
| Is transportation offered? | | | | |
| Are people given written or verbal instructions on how to complete the next step? | | | | |
| How long does it take to process new enrollees? | | | | |
| Who handles the follow-up process? | | | | |
| When are orientations performed? | | | | |

| | | | | |
|--|--|--|--|--|
| What staff person performs the orientations? | | | | |
|--|--|--|--|--|

| Walk-Ins | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| How do you handle unexpected guests? | | | | |
| What literature do you give to them? | | | | |
| Is there a written policy regarding walk-ins? | | | | |

| Handling of Grievances | Yes | No | N/A | Comments |
|--|-----|----|-----|----------|
| Is there a log for Grievances? | | | | |
| Which staff handles the Grievances? | | | | |
| Where are the Grievance logs kept? | | | | |
| Are Grievances kept in a locked file cabinet? | | | | |
| Are Grievances kept separate from other files? | | | | |
| What staff takes the informal Grievances? | | | | |

| Safety Standards | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Is there an annual fire inspection report on file? | | | | |
| Are quarterly fire drills scheduled and performed? | | | | |
| Are routine safety checks being done on company vehicles? | | | | |
| Are routine safety checks being done on staff vehicles? | | | | |
| Are agency staff performing site monitoring per company policy? | | | | |

| Safety Standards | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Is there evidence of ongoing training/testing for each staff? | | | | |
| Are Complaint/Grievance forms readily available? | | | | |
| Is there evidence that all staff know how to file a Complaint or Grievance? | | | | |
| Do staff know with whom to file a Complaint/Grievance? | | | | |
| Do staff know where Complaint/Grievance forms | | | | |

| | | | | |
|---|--|--|--|--|
| are located? | | | | |
| Are incident report forms readily available? | | | | |
| Are Program Rules posted? | | | | |
| Do Program Rules include telephone and visitation rights? | | | | |
| Do Program Rules include personal property? | | | | |

Will this program be issued a Plan of Improvement or a formal Plan of Correction?

If it is a formal Plan of Correction, please list the health/safety violation(s) noted during the review process:

Recommend Contract Renewal: **Yes**

Recommend Provisional Contract
Recommend Contract

(Date of Follow Up)

Do not

If there is a recommendation for a provisional contract or no recommendation for a contract, please list reasons:

Name: _____ **CLS Employment Services**
Specialist _____ **Date:** _____



Staff Training Records Worksheet Provider Corporation Name: _____ Date: _____

| For each staff person, enter initials, start date and training dates. | | | Staff Working ≥ 365 days
→ | | | | → → | | | | → → → | | |
|---|--------------|--|-----------------------------------|------------------|--------------|--------------|------------------------|---|-------------------|--------------------------|---|-------|------------------------|
| | | Annual | Annual | Annual | Every 2 yrs. | Every 2 yrs. | Every 2 yrs. → → → → → | | | | Every 2 yrs. → → → | | |
| Staff Initials | Date of Hire | Criminal Background
✓ (date of most recent) | Staff Performance Evaluation Date | Recipient Rights | CPR | First Aid | Corporate Compliance | Cultural Competency & Limited English Proficiency | Infection Control | Person Centered Planning | Medicaid Fair Hearings & Grievances & Appeals | HIPAA | Emergency Preparedness |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
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LETTER OF UNDERSTANDING – JOB DEVELOPMENT INCENTIVE

This Letter of Understanding is entered into on _____ (date) between **Community Living Services, Inc. (CLS)** located at Metro Place Center, 35425 Michigan Avenue W., Wayne, MI 48184-1687 and _____ (Job Developer), located at _____ (address).

The purpose of this Letter of Understanding is to confirm the terms of the CLS' Job Development Incentive- Outcome Payment Program in which a bonus of One Thousand Dollars (\$1,000) will be paid after Competitive Employment is secured for the individual indicated below, who then performs that job for at least ninety (90) days.

I. TERMS

1. The Letter of Understanding shall be completed and submitted to the CLS Employment Services Specialist identifying the individual seeking Competitive Employment and the Job Developer prior to starting the process.
2. An Outcome Payment shall be paid only one time in a consecutive twelve month period for each individual who receives job development supports.
3. The individual's Personal Plan shall indicate that Competitive Employment is a desired outcome.
4. A legal guardian is not eligible to participate in the CLS Job Development Incentive (per Medicaid guidelines).
5. The Job Developer's application for an Outcome Payment from CLS cannot be processed until the individual has received a denial of services from the Michigan Rehabilitation Services (MRS) Agency.
6. The following information is required from MRS:
 - a. Location of MRS Office: _____
 - b. Date of Meeting: _____
 - c. Name of MRS Counselor: _____
6. The individual's job shall be in Competitive Employment, which is defined as "a job that any person in the community can apply for and be interviewed for".
7. The job shall not be subsidized employment. There can be no financial relationship between the agency providing job supports to the individual and the company providing the employment opportunity. The job developer shall not have ownership or control in a company providing employment to the individual, and/or cannot provide the employment in any other way.
8. The job developer shall assist the individual with a resume, if needed.
9. When a job opportunity is identified the job developer shall assist the individual with completing the employment application and participating in the interview process unless the individual's Personal Plan indicates that facilitating an interview with a prospective employer is sufficient.
10. The job developer shall:
 - a. Identify supports that may be needed.
 - b. Identify who can provide the supports.
 - c. Indicate if supports/coaching may be faded.
 - d. Identify transportation that may be needed and available.
11. The individual must maintain employment during a 90-day period at the same job site and earn at least minimum wage for 10 hours or more per week.
12. Copies of the individual's pay stubs and/or the employer's signed verification of employment, including telephone number, are to be submitted to CLS at the conclusion of the 90-day period.

13. The Outcome Payment of \$1,400.00 shall be paid by CLS to the Job Developer contingent upon 1) the availability of funds; 2) the Job Developer's compliance with the above criteria; and 3) the verification of all documentation by the CLS Personal Agent.

II. INFORMATION AND SIGNATURES

Please complete the following information:

*Submit to CLS Employment Services before starting the employment process.
You will receive a copy back after it is signed at CLS.*

Individual Requesting Job Development: _____

CLS Identification Number: _____

Name Company or Person to Job Develop: _____

Address: _____

Phone number: _____ E-mail: _____

My signature below indicates that I agree to comply with the terms of this Letter of Understanding. I further acknowledge that CLS has sole authority to determine whether the Individual's Competitive Employment and the documentation submitted qualifies for the Outcome Payment and whether I have successfully complied with the terms contained herein.

COMMUNITY LIVING SERVICES, INC.

**NAME OF COMPANY (IF APPLICABLE)
OR JOB DEVELOPER**

**Signature: GWEN MRAULAK
CLS Employment Services Specialist**

Signature: Co. Representative or Job Developer

Date

Date

III. AUTHORIZATION

Individual's Name: _____

CLS Identification Number: _____

CLS Use Only

☐ **Approved - Personal Plan Supports Job Development Request**

Signature CLS Employment Services Specialist

Date

☐ **Approved for Payment - *The Individual's Competitive Employment and the documentation submitted qualifies for the Outcome Payment.***

Date qualifying employment started: _____

Name of Employer: _____

Position: _____

Hourly wage: _____

Average hours per week: _____

Date of request for payment: _____

Signature of CLS Employment Services Specialist

Date

cc: CLS
Employment
Service