

# Community Mental Health of Ottawa County Respite Provider/Employee Agreement

This agreement is entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between \_\_\_\_\_ Consumer/Employer, and \_\_\_\_\_, (Provider/Employee) a provider of Respite services. The purpose of this agreement is to outline the services the Consumer/Employer is purchasing from the Provider/Employee, and how the Provider/Employee shall be compensated for providing such services.

## Terms and Conditions:

1. This agreement shall be in effect until such time as it is terminated or must be modified. Either party may initiate termination or modification by providing thirty (30) days written notice to the other of the desire to terminate or modify this agreement. This agreement may be terminated with or without cause. The nature of this agreement is a personal service agreement, and as such, in the event either party substantially breaches a term or condition of this agreement, the thirty (30) day notice requirement is waived. A copy of the written notice will be sent to the Community Mental Health Respite Specialist by the consumer employer once the termination process is finalized.
2. The Provider/Employee is responsible for completing the following three (3) training modules before authorization to provider respite services:  

<b>Recipient Rights</b>	<b>Basic First Aid</b>	<b>Infectious Disease</b>
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3. The Consumer/Employer shall purchase Respite services from the Provider/Employee.
4. Complaints concerning the provision of services under this agreement shall be directed to 616.494.5441. The agency shall acknowledge receipt of a complaint within five (5) business days.
5. In compensation for providing the services outlined above, the Provider/Employee shall be paid an amount agreed to by the Consumer/Employer and Provider/Employee. The payment shall be paid within twenty-one (21) business days of receipt of the respite payment request at the Provider/Employee's address.
6. If a dispute arises concerning a payment issue, the Provider/Employee should contact the Consumer/Employer to resolve the issue. If the issue cannot be resolved with the Consumer/Employer, please call the respite payment specialist at 616.393.5647.

This agreement represents the entire understanding between the parties and supersedes any and all prior agreements, whether written or oral that may exist between the parties.

\_\_\_\_\_  
Responsible Parent/Guardian - Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respite Provider/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
CMHOC Respite Specialist

\_\_\_\_\_  
Date

# Community Mental Health of Ottawa County Criminal Background Check

## Criminal Background Check Authorization Form

Employee Name: \_\_\_\_\_

Alias or Other Names Used: \_\_\_\_\_

Employee Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth:        \_\_\_/\_\_\_/\_\_\_\_\_

Sex    M or F (Circle One)

Maiden Name:        \_\_\_\_\_

Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize the release of my criminal background information to my employer, and to Community Mental Health of Ottawa County, which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



7. Failing to report a suspected case of abuse or neglect is also considered\_\_\_\_\_.
- a. neglect                      b. abuse                      c. poor judgment
8. \_\_\_\_\_ the recipient is always the first and most important responsibility of paid staff.
- a. Helping                      b. Liking                      c. Protecting
9. Informed \_\_\_\_\_ is based on the competency and knowledge of the person who is agreeing to something.
- a. consent                      b. treatment                      c. writing
10. A recipient has the right to live in the \_\_\_\_\_ environment necessary to achieve appropriate treatment.
- a. most restrictive              b. least restrictive              c. most expensive
11. All recipients must be notified of their \_\_\_\_\_ \_\_\_\_\_ upon entering the mental health system.
- a. treatment plan              b. legal rights                      c. individualized services
12. Talking to others about recipients, outside of the mental health system, who do not have a legal right to know the information, is a breach of\_\_\_\_\_.
- a. confidentiality              b. privileged information              c. the law
13. Who is legally responsible for providing translation accommodations under the ADA and Civil Rights law? \_\_\_\_\_
- a. consumer                      b. CMH                      c. volunteer agency
14. It is illegal to open a recipient's mail.
- True                      False
15. The Office of Recipient Rights cannot take disciplinary action with you for violating a recipient's rights.
- True                      False

16. Medications are important. A recipient may be forced to take their medications.

True                      False

17. Recipients you are paid to support retain their civil rights in addition to their legal rights (i.e. Michigan Mental Health Code), when they are receiving mental health services.

True                      False

18. HIPAA (Health Insurance Portability and Accountability Act of 1996) includes Protected Health Information (PHI) and gives recipients more control over their health information and sets boundaries on the use and release of health records.

True                      False

19. The law says when you see or hear about a recipient being abused or neglected, you must take action immediately and report all allegations to the Recipient Rights Office.

True                      False

20. A Recipient Rights Complaint Form must be used when there is reasonable cause to believe a recipient's rights have been violated by a paid staff.

True                      False

21. Unlimitable rights include the recipient's right to be free from abuse and neglect, to be treated with dignity and respect, and the right to live in a safe, sanitary and humane treatment environment.

True                      False

22. It is OK to share information about a recipient with family members without written consent.

True                      False

23. Rights can be limited/restricted, but the limitation/restriction needs to be documented in the recipients Individual Plan of Service (IPOS) and/or Behavior Treatment Plan (BTP).

True                      False

24. Anyone may file a Recipient Rights Complaint on behalf of a recipient, at any time.

True                      False

25. A recipient tells you that he has been hurt by a staff person. The recipient is angry and wants something done.

- a. You do nothing. You do not believe what this person just told you.
- b. You help the person fill out a Recipient Rights Complaint Form and help them mail the form to the Recipient Rights Office.
- c. You do "b" with the addition of telling your supervisor, calling the Recipient Rights Office and writing an Incident Report.

## Community Mental Health of Ottawa County Basic First Aid Test

Directions: Review the Basic First Aid Training located at [www.miottawa.org/cmhrespite](http://www.miottawa.org/cmhrespite). Once you have reviewed the training complete the test.

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1. It is very important to know where to find the first aid supplies and emergency numbers when you are the responsible adult caring for someone.

True

False

2. If someone is choking but can cough and make noises, stand by and let them cough.

True

False

3. Firm, \_\_\_\_\_ pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound.

- a. soft
- b. gentle
- c. direct
- d. indirect

4. First aid for a burn includes cooling the area with large amounts of\_\_\_\_\_.

- a. butter
- b. vaseline
- c. ice
- d. cool water

5. If someone has a nosebleed, you should have the person lean back and look to the ceiling.

True

False

6. Use a cool water spray for someone who is experiencing a heat related-injury

True

False

7. When someone is experiencing a cold-related injury the first thing you should do is lie down next to them and use your own body heat to warm them.

True

False

8. If someone ingests or comes in contact with something potentially poisonous, the first call you should make is to \_\_\_\_\_ and follow their instructions.
- CMH
  - Poison Control
  - their family doctor
  - Dr. Oz
9. If you suspect a head injury and a person is unconscious, do not move the person.
- True                      False
10. If someone is having a seizure, you should put something in their mouth and try to stop them from choking on or biting their tongue.
- True                      False
11. If someone is experiencing shock, keep them still and cover them with a blanket until emergency medical personnel arrive.
- True                      False
12. If a tooth is loose, have the person bite down on a piece of gauze and call a dentist.
- True                      False
13. If someone is experiencing pain in one eye they should keep both eyes closed to decrease irritation and/or further injury.
- True                      False
14. When an object punctures or penetrates a part of someone's body \_\_\_\_\_.
- pull it out
  - push it in further
  - leave it there
  - dump peroxide on it.
15. When someone is bit by a tick it is best to leave it attached until it lets go on its own.
- True                      False
16. If a part of someone's body is amputated, call 911.
- True                      False
17. If someone has a potentially broken bone or has a sprain, reduce the movement of the injured area and suggest they see a medical professional.
- True                      False

18. If someone is electrocuted, the first thing you should do is\_\_\_\_\_.

- a. grab them and pull them out of the area.
- b. shut off the power and call 911.
- c. throw a rope to them and try to pull them out.
- d. shout at them to stop, drop, and roll.

19. If you are transporting someone you are caring for, it would be a good idea to have a first aid kit in your backseat or trunk.

True

False

20. If there is an insect stinger embedded in someone's skin, scrape it out and wash the area with soap and water.

True

False

NAME (PRINTED): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



## **Community Mental Health of Ottawa County Infectious Disease Test**

Directions: Review the Infectious Disease Training located at [www.miottawa.org/cmhrespite](http://www.miottawa.org/cmhrespite). Once you have reviewed the training complete the test.

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1. Pathogens are germs that most commonly enter through your skin or mucous membranes.

True                                  False
2. There is a vaccine available for Hepatitis B.

True                                  False
3. You do not need to report blood borne pathogen exposures.

True                                  False
4. Hepatitis C is the most chronic blood borne pathogen in the United States.

True                                  False
5. Know where the gloves and disinfecting supplies are located in the home you work in.

True                                  False
6. Blood, semen, and vaginal secretions are all potentially infectious body fluids.

True                                  False
7. You can contract HIV/AIDS by kissing.

True                                  False
8. MRSA is a staph infection that is resistant to some antibiotics.

True                                  False
9. Universal Precautions means that even when a situation is perceived as "low risk" we still need to act as if blood and other body fluids are potentially harmful.

True                                  False
10. If you are transporting someone you are caring for it would be a good idea to have a first aid kit in your backseat or trunk.

True                                  False

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_