



New Respite Provider Registration Checklist

Please note: All of the following documents must be received prior to your providing respite services. Payment for services will not be provided until you have received a letter of confirmation from CMHOC. **Missing items or submitting incomplete documents can further delay your approval.**

You can find copies the below documents at <https://www.miottawa.org/Health/CMH/respite.htm>

- Respite Registration Form
- Respite Agreement (Signed by Parent/Guardian AND Provider/Employee)
- Criminal Background Check
- Respite Share Information
- Recipient Rights Training Test
- Basic First Aid Test
- Infectious Disease Test
- Federal W4 Form
- Michigan W4 Form
- Federal I9 Form
- Copies of Form(s) of Identification as required by the Federal I9
- Direct Deposit Form with Voided Check or bank letter (Optional)

Please return the documents to the CMH Respite Coordinator by one of the following methods:

1. Email to cmhrespites@miottawa.org.
2. Fax to 616-393-5657 Attn: Respite Coordinator
3. Mail documents to CMHOC Attn: Respite Coordinator 12265 James Street, Holland, MI, 49424

After your registration packet is processed, you will be notified of your approval via mail. You will receive additional information about the fiscal intermediary process and payment voucher forms.

If you have any questions or concerns, please contact the CMH Respite Coordinator at 616-494-5446 or via email at cmhrespites@miottawa.org

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

This agreement is entered into on _____ 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 provide respite services: **Recipient Rights, Basic First Aid, and Infectious Disease**. Provider/Employee must also consent to a criminal background check.
3. The Consumer/Employer shall purchase Respite services from the Provider/Employee.
4. 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 or via direct deposit to the Provider/Employee's chosen account.
5. 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 contact the Respite Coordinator at 616-494-5446 or via email at cmhrespites@miottawa.org.

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 Coordinator

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

**Community Mental Health of Ottawa County
Respite Providers Recipient Rights Test**

Directions: Review the Recipient Rights Training located at www.mioottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

1. All information in a recipient's mental health record is considered _____.

- a. privileged b. legal c. confidential

2. Staff actions that are abusive must be stopped and _____.

- a. reported b. disciplined c. corrected

3. The purpose of Recipient Rights Training is to assure, protect and promote the basic dignity to which all recipients are entitled.

- a. legal b. human c. independent

4. _____ are a way to assure all **unusual** events involving recipients are documented/reported when something **unusual** occurs during a normal day/routine or outing.

- a. Unusual incidents b. Treatment plans c. Incident Reports

5. A right is that which is defined by _____ and there must be a legal means of protecting it.

- a. government b. law c. the dictionary

6. Swearing at, using foul language, racial or ethnic slurs or making fun of a recipient would be considered _____.

- a. neglect b. abuse c. restrictive

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

**Community Mental Health of Ottawa County
Respite Basic First Aid Test**

Directions: Review the Basic First Aid Training located at www.mioottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

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.

- a. CMH
- b. Poison Control
- c. their family doctor
- d. 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 chocking 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_____.

- a. pull it out
- b. push it in further
- c. leave it there
- d. 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

Signature

Date

Print Name

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

Directions: Review the Infectious Disease Training located at www.mriottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

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

Signature

Date

Print Name