



WCCMH Provider Meeting
January 15, 2019, Minutes 10:00 AM
Washtenaw County LRC, Ann Arbor

Meeting Minutes: Delissa Weston

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME
I. Local and State Update	<ul style="list-style-type: none"> Trish Cortes 	<ul style="list-style-type: none"> Robert Gordon has filled the Director role at MDHHS. The region has taken official action with the state in regards to the Medicaid rates. The PIHP exercised their rights based on the insufficient rates to deliver Medicaid services. The additional .25 direct care worker wage pass through did pass. More to come on this topic. The plan for the millage dollars is to expand mental health services by providing more crisis and stabilization services. The millage dollars will also support clinics in the Whitmore Lake and Chelsea area. WCCMH was awarded a 2-year CCBHC grant.
II. MALA Updates	<ul style="list-style-type: none"> Bob Stein, Michigan Assisted Living Association 	<ul style="list-style-type: none"> Presentation topics: <ul style="list-style-type: none"> - House Fiscal Agency Analysis of HB 5505 - 5506 and 6400 Regarding AFC Licensing - News Release on New MDHHS Director - Weekly Update for the Section 298 Initiative *Please see attached handouts
III. 1009 Planning Updates	<ul style="list-style-type: none"> Scott Brown, Renaissance Community Homes 	<ul style="list-style-type: none"> The 1009 report was commissioned by MDHHS a few years ago that predicted the direct care staffing crisis that we are now faced with today. The 1009 report's recommendations included a \$2.00 increase in wages for direct care staff, training reciprocity,

		<p>funding for promotional campaigns and awareness, and financing tuition reimbursement for direct care staff</p> <ul style="list-style-type: none"> The 1009 Group in our region is using some of the recommendations in the original 1009 report and asking for funding from MDHHS to pilot some of these recommendations. They are currently seeking consumers & families to help advocate and campaign for their proposal.
IV. Medication Updates	<ul style="list-style-type: none"> Brandie Hagaman 	<ul style="list-style-type: none"> Gabapentin is now a controlled substance and it is subject to follow the controlled substance policy that is in place. *Please see attached documents for MARS and DOT therapy.
V. Recipient Rights	<ul style="list-style-type: none"> Shaun Thompson 	<ul style="list-style-type: none"> There will be changes to the Recipient Rights training come 10/1/2019: new hires must complete the in-person training within 30 days of date of hire. In addition, Recipient Rights training will be required annually thereafter and it can be done online. Furthermore, the ORR department is updating the curriculum for the Recipient Rights training based on feedback from MDHHS during their last audit. The ORR department was recently cited by MDHHS for not having a 95% compliance rate with Recipient Rights training being done within 30 days from date of hire. Due to this, WCCMH will be requesting that Providers send them information on all new hires and when they obtained their 30-day Recipient Rights training on a quarterly basis, beginning in April.
VI.	<ul style="list-style-type: none"> Karrie Onyskin 	<ul style="list-style-type: none"> Billing for CLS services: CRCT will not allow you to flex hours in the 5th week. A new site plan will need to be submitted to the clinical team showing the change in hours for that week.

<p>VII. CMH Website Update</p>	<ul style="list-style-type: none"> Delissa Weston 	<ul style="list-style-type: none"> The provider section on the WCCMH page is updated. Providers will have access to forms, commonly used links, training information, etc. Visit the provider section of our website here: https://www.washtenaw.org/894/Provider
<p>VIII. IR Reporting</p>	<ul style="list-style-type: none"> Sara Hungerford 	<ul style="list-style-type: none"> IR reporting must be reported in CRCT. If you're having any issues related to IRs, please contact teRi DeRose at deroset@washtenaw.org.
<p>IX. Next Meeting</p>	<p>April, 16th, 2019, LRC , 10:00am–12:00pm</p>	<p>Future agenda items: None suggested.</p>

Weekly Update for the Section 298 Initiative

The Michigan Department of Health and Human Services (MDHHS) has developed this summary to provide an update on recent activities and upcoming events for the Section 298 Initiative. The following update is for the week of January 7, 2019.

Implementation of the Pilots

- On March 9, 2018, MDHHS announced the pilot sites for the Section 298 Initiative.
 - Pilot #1: HealthWest and West Michigan Community Mental Health
 - Pilot #2: Genesee Health System
 - Pilot #3: Saginaw County Community Mental Health Authority
- MDHHS has established a workgroup to guide implementation. The “Leadership Group” is composed of (1) the Executive Director of each Community Mental Health Service Program (CMHSP) and the CEO of each Medicaid Health Plan (MHP) in the pilot sites and (2) MDHHS representatives.
- The Leadership Group has established six sub-workgroups to develop plans for implementing the pilots. The sub-workgroups will meet and report their findings back to the Leadership Group.
 - Finance Sub-Workgroup
 - Public Policy Sub-Workgroup
 - Reporting Sub-Workgroup
 - Technology Sub-Workgroup
 - Case Management Sub-Workgroup
 - Utilization Management Sub-Workgroup
- The Leadership Group is continuing discussions regarding the duration and scope of the pilots, and MDHHS is collaborating with the Leadership Group to develop a communication to the legislature regarding these issues and potential solutions.

The Unenrolled Population

- 25% of the Medicaid population is not enrolled in a MHP for management of their physical health services.
- However, the Prepaid Inpatient Health Plans (PIHP) manage the specialty behavioral health benefits for this sub-population. MDHHS is not able to enroll these individuals in the MHPs for the purposes of the pilots due to federal regulations.
- MDHHS will be issuing a Request for Proposals (RFP) to select a single existing PIHP to manage specialty behavioral health benefits for the unenrolled populations across the three pilot sites.

- The selected PIHP will also contract with the CMHSPs within the pilot sites for the delivery of specialty behavioral health services and supports.
- MDHHS will issue an RFP to select a single existing PIHP no later than January 2019.

Implementation of the Demonstration Project

- The Total Health Collaborative has submitted an updated operational and memorandum of understanding to the department.
- MDHHS will be meeting with the Total Health Collaborative in early 2019 to discuss the next steps for operationalizing the demonstration project.

Implementation of the Policy Recommendations

- In April 2018, MDHHS published a progress report and set of detailed action plans for implementing the 76 recommendations from the 298 Facilitation Workgroup.
- MDHHS reviewed the progress report with several groups of stakeholders including the 298 Facilitation Workgroup. MDHHS updated the action plans based upon stakeholder feedback and recent progress on implementing the recommendations. MDHHS posted the updated action plans to the department website as part of publishing the recent progress report.

Evaluation of the Pilots and Demonstration Project

- The University of Michigan (UM) evaluation team has been working on identifying performance metrics for the evaluation of the pilots and demonstration project. MDHHS and UM will be conducting outreach to stakeholders to solicit input on the potential performance measures.
- The UM evaluation team has also published an updated overview of the evaluation process, which can be found on the department's website at www.michigan.gov/stakeholder298.

Stakeholder Engagement

- MDHHS will be providing updates on the Section 298 Initiative at the following forums this week:
 - Developmental Disabilities Council Meeting on January 8th, 2019
 - Developmental Disabilities Practice Improvement Team on January 9th, 2019
 - PIHP CEO Meeting on January 10th, 2019

For questions about the update, please contact Jane Pilditch at jpildite@mphi.org. For general questions about the Section 298 Initiative, please contact MDHHS-298@michigan.gov. For more information about the Section 298 Initiative, please visit the department's website at www.michigan.gov/stakeholder298.

FOR IMMEDIATE RELEASE

January 10, 2018

Contact: BrownT56@michigan.gov

Gov. Whitmer Announces DHHS Director

LANSING – Today Governor Gretchen Whitmer named Robert Gordon Director of the Department of Health and Human Services. Gordon currently serves as Senior Vice President of Finance and Global Strategy for The College Board. Gordon was also appointed by President Obama to serve as acting deputy director at the U.S. Office of Management and Budget and served as acting assistant secretary for Planning, Evaluation, and Policy Development at the U.S. Department of Education.



Robert has been described as the quarterback for the Obama Administration’s evidence-based policymaking initiatives, which closely tied program funding to quality evaluation. Earlier in his career, Robert was a law clerk for Justice Ruth Bader Ginsburg and a law guardian for children in foster care.

“I have full confidence that Robert will work every day to improve public health and deliver essential human services for Michiganders across the state,” said **Whitmer**. “He brings a unique set of skills and experiences that will lead the Department of Health and Human Services to drive real results that help hardworking families, and I look forward to working with him and the rest of our department leaders as we build a stronger Michigan for everyone.”

“Robert Gordon is one of the most thoughtful policy professionals I have ever worked with,” said **Cecilia Muñoz**, native Detroiter and director of the White House Domestic Policy Council under President Obama. “He cares about people, first and foremost, and brings prodigious skills to the task of making a difference in their lives. I couldn’t be more thrilled that he will be serving the people of Michigan.”

“It’s such an honor to serve as Director of the Department of Health and Human Services,” said **Gordon**. “I look forward to working with Governor Whitmer and this administration as we improve public health and quality of life for Michiganders across the state. I’m ready to roll up my sleeves and get to work building a Michigan where everyone has access to the care they need and can make healthy decisions for themselves and their families. Let’s go.”

Gordon will take over for acting director Farah Hanley, deputy director for Financial Operations for the Michigan Department of Health and Human Services.

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Legislative Analysis



ADULT FOSTER CARE FACILITY LICENSING

Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5505 (H-3) as reported
Sponsor: Rep. Frank Liberati

Analysis available at
<http://www.legislature.mi.gov>

House Bill 5506 (H-2) as reported
Sponsor: Rep. Daire Rendon

House Bill 6400 as reported
Sponsor: Rep. Jeffrey R. Noble

Committee: Families, Children, and Seniors
Complete to 11-27-18

BRIEF SUMMARY:

House Bills 5505 and 5506, taken together, would amend the Adult Foster Care Facility Licensing Act to revise various provisions concerning licensure, renewal procedures, fees, inspection, and contested cases and administrative review of appeals, as well as removing outdated provisions and making technical or editorial changes.

House Bill 6400 would amend the Michigan Zoning Enabling Act to specify that a private residence housing up to four adults who receive benefits from a community mental health services program is a residential use of property if certain conditions are met.

House Bills 5505 and 5506 are tie-barred to each other, meaning that neither can take effect unless the other is also enacted. House Bill 6400 is tie-barred to House Bill 5505, which means that it cannot take effect unless HB 5505 is enacted. Each bill would take effect 90 days after enactment.

DETAILED SUMMARY:

House Bill 5505

Under the Adult Foster Care Facility Licensing Act, a person may not establish or maintain an adult foster care facility unless licensed by the Department of Licensing and Regulatory Affairs (LARA). Before issuing or renewing a license, LARA must, among other things, investigate the applicant's activities and standards of care and make an on-site evaluation of the facility.

Definitions and Applicability

The bill would revise the definitions of *adult foster care family home* and *adult foster care small group home* to require that each of these facility types must have the approved capacity to receive at least three adults to be provided with foster care. (The act does not currently specify a minimum capacity for either facility type.)

The bill would stipulate that an *adult foster care facility* does not include a private residence with the capacity to receive up to four adults who all receive benefits from a community mental health services program if the services being delivered in the residential setting are monitored by the local community mental health services program.

The bill would also specify that providing room under a landlord-and-tenant arrangement does not, by itself, exclude a person from the licensure requirements of the act.

Inspections

The act currently allows LARA to conduct, without prior notice, on-site inspections of an applicant for licensure as an adult foster care facility.

The bill would add that on-site inspections of an applicant for renewal could be conducted within 12 months before the current license expires without having an impact on the license renewal date or license fee.

Good Moral Character

Currently, before issuing a license, LARA must be satisfied as to the good moral character of the person responsible for the daily operations of the facility and all employees of the facility.

The bill would revise this to refer to the good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operations of the facility.

License Transferability

Under the act, a license issued to a specific person for a facility at a specific location is not transferable. However, an exception applies to homes closed because of eminent domain. The bill would remove that exception.

Previous Application Denial

The act allows LARA to refuse to issue or renew the license of a person for five years after the person's license was revoked, suspended, or not renewed. The bill would add to this provision a person whose license application was denied.

Consent to Criminal History Check

Currently, an applicant must give consent at the time of original license application for the state police to conduct a criminal history check and a criminal records check through the FBI.

The bill would also require the owner, partner, or director of the applicant who has regular direct access to residents or has on-site operational responsibilities to give such consent.

However, under the bill, any of these individuals would be exempt from this requirement if he or she had already submitted consent and was continuously affiliated with a licensed adult foster care facility as an applicant, owner, partner, or director.

Concurrent Licensure

Under the bill, an adult foster family care home or an adult foster care group home could not be concurrently licensed as a family child care home or a group child care home.

Application Fees

The bill would increase application fees for temporary and renewal licenses in two stages, with an initial increase beginning January 1, 2020 and another increase beginning January 1, 2022. The bill would also eliminate the difference between fees for temporary and renewal licenses;

beginning January 1, 2020, each license type would be subject to the same fee. Current fees, and those proposed by the bill, are as follows:

Proposed Adult Foster Care Facility License Fee Increases

Facility Type	Current Temporary License Fee	Current Renewal Fee	Proposed Fee Beginning 2020	Proposed Fee Beginning 2022
Family Home	\$ 65	\$ 25	\$ 85	\$ 100
Small Group Home (up to 6 residents)	\$ 105	\$ 25	\$ 130	\$ 150
Small Group Home (7 to 12 residents)	\$ 135	\$ 60	\$ 170	\$ 200
Large Group Home	\$ 170	\$ 100	\$ 320	\$ 500
Congregate Facility	\$ 220	\$150	\$ 360*	\$ 500*
Camp	\$ 40	\$ 25	\$ 120	\$ 200

*Renewal licenses only

Relationship with Former Licensee or Former Applicant

Currently, LARA may deny, suspend, revoke, or modify a license or an application for licensure if it determines that the licensee or applicant has a relationship with a former licensee whose license has been suspended, revoked, denied, or refused renewal within the previous 10 years.

Under the bill, it could also do so if the licensee or applicant has a relationship with a former applicant whose application under the act was denied within the previous 10 years.

The bill would also provide that LARA could deny an application based on a prior settlement agreement that prohibits a person from providing adult foster care.

Notice and Appeal of License/Application Actions

Under the bill, an application for licensure could not be denied, a license could not be revoked, a renewal could not be refused, and a regular license could not be modified to a provisional license unless LARA gave the applicant or licensee written notice of the grounds for the proposed denial, revocation, refusal to renew, or modification.

The applicant or licensee would have 30 days after receiving the written notice in which to appeal the proposed action in writing to the director of LARA or the director's designee. If the

proposed action was not appealed within that time, LARA would carry out the action regarding the license or application.

Upon receipt of a written request for appeal, the director or the director's designee would conduct a contested case hearing under the Administrative Procedures Act. Notice of the hearing would be given to the applicant or licensee at least two weeks before the date of the hearing. The decision of the director or designee would be issued as soon as practicable after the hearing and forwarded to the protesting party by registered mail.

However, LARA could immediately deny an application or suspend, revoke, modify, or refuse to renew a license without providing written notice of the grounds for the action or giving the licensee or applicant 30 days to appeal if the licensee or applicant agreed in writing to waive all of the following:

- The requirement that LARA provide written notice of the grounds for the proposed action.
- The 30-day time frame in which to submit a written appeal to the proposed action.
- The right to a contested case hearing under the Administrative Procedures Act.

Emergency License

The act currently allows, under certain conditions, LARA to issue a 90-day emergency license in cases involving a license revocation, suspension, or nonrenewal. The bill would eliminate these provisions.

Summary Suspension Order

Under the bill, when LARA issues a summary suspension order for closure of an adult foster care facility or when an adult foster care facility cannot provide adequate resident care, LARA would have to do the following:

- Ensure that the Department of Health and Human Services has been notified to make arrangements for the orderly and safe discharge and transfer of the residents to another facility or appropriate setting.
- Determine whether a representative of LARA must be placed in a facility on a daily basis to monitor the delivery of services during the discharge of residents to another facility or location.
- Determine whether the appointment of a temporary administrative or clinical advisor, with authority and duties specified by LARA, is necessary to assist the facility management and staff to oversee the orderly closure of the facility. The licensee would be required to pay the expense of the appointment.

House Bill 5506

Review of Determinations Regarding Complaints

Currently, in general, a person who believes that the act or a rule under the act has been violated may request an investigation of an adult foster care facility. After receipt of the complaint, LARA must determine whether the act or rule was violated, or is currently being violated or in danger of being violated, and inform the complainant of its findings within 30 days. A complainant who is dissatisfied with a department determination or investigation may submit to the director a written request for a hearing.

Under the bill, instead of a hearing, the dissatisfied complainant could request an administrative review by LARA. The administrative review would be conducted based on pertinent

documentation or a verifiable statement submitted in writing by the complainant. LARA would send the results of the review to the complainant. If the review resulted in reconsideration of a complaint against the adult foster care facility, LARA would have to reopen the complaint investigation.

Criminal History Check Fee

Under the act, LARA must pay or reimburse any fee charged by the state police or the FBI for conducting a criminal history check. The facility, the staffing agency, or the individual who is the subject of the check may not be charged for such a fee, and the facility or staffing agency is prohibited from seeking reimbursement from the individual.

Under the bill, beginning January 1, 2020, the adult foster care facility, staffing agency, or individual would pay any fee charged by the state police or the FBI for conducting the criminal history check.

Denial of Employment Based on Criminal History Report

Currently, an individual who was denied or disqualified from employment based on a criminal history report may appeal to LARA if he or she believes that the report is inaccurate, and LARA must conduct the appeal as a contested case under the Administrative Procedures Act.

The bill would instead require LARA to conduct an administrative review. An individual who had been denied or disqualified based on a conviction that may be expunged or set aside could file an appeal within 15 days after a court granted the expunction. The bill would require the director or his or her designee to review the appeal, along with the pertinent documentation, and to issue a written decision as soon as practicable. (Currently, the director has 30 business days after receiving such an appeal to issue the decision.)

Repealer

Finally, the bill would repeal section 23 of the act, which contains procedures for a complaint filed by the legislative body of a city, village, or township to have a facility's license denied or revoked.

MCL 400.703 et al.

House Bill 6400

House Bill 6400 would amend the Michigan Zoning Enabling Act. The act currently specifies that a state-licensed residential facility is a residential use of property for the purpose of zoning, is a permitted use in all residential zones, and is not subject to any permits or procedures other than those required for other dwellings of similar density in the same zone. Under the bill, these provisions would also apply to a private residence with the capacity to receive up to four adults who all receive benefits from a community mental health services program if the services being delivered in the residential setting are monitored by the local community mental health services program.

MCL 125.3206

FISCAL IMPACT:

House Bill 5505 would have a significant fiscal impact on LARA. The bill would increase fees for Adult Foster Care (AFC) licenses, with increases for both temporary licenses (the license issued to facilities during the first six months of operation) and renewal licenses (which are valid for a two-year period). The following tables display current licensure fees and the amount of the revised licensure fees that would begin on January 1, 2022, when the bill's fee increases would be fully implemented, as well as the current number of renewal licensees.

Temporary License Fees

Entity Type	Current Fee	Bill Fee (Beginning January 1, 2022)	Revenue Increase (Per License)
Family Home	\$65	\$100	\$35
Small Group Home (3-6)	\$105	\$150	\$45
Small Group Home (7-12)	\$135	\$200	\$65
Large Group Home	\$170	\$500	\$330
Camp	\$40	\$200	\$160

Renewal License Fees

Entity Type	Current Licensees	Current Fee	Bill Fee (Beginning January 1, 2022)	Revenue Increase (Per License)
Family Home	802	\$25	\$100	\$75
Small Group Home (3-6)	2,376	\$25	\$150	\$125
Small Group Home (7-12)	483	\$60	\$200	\$140
Large Group Home	563	\$100	\$500	\$400
Congregate Facility	9	\$150	\$500	\$350
Camp	N/A	\$25	\$200	\$175

* License count data provided by LARA; no count was provided for camps.

LARA has indicated that it currently collects approximately \$83,000 in AFC licensing fees annually and that, beginning January 1, 2022, when the proposed fee increases are fully implemented, House Bill 5505 would increase the amount of revenue from temporary and renewal license fees by approximately \$410,000 annually. Of that amount, an estimated

\$325,000 would come from the two-year renewal license fees each year. The department also indicated that total expenses for the AFC program total approximately \$11.0 million annually and are largely supported with GF/GP.

House Bill 5506 would have a significant impact on expenditures made by LARA related to AFC regulation. Under existing statute, LARA is responsible for covering the costs of criminal history checks conducted by the Michigan State Police for employees and independent contractors of AFC facilities. LARA indicated that costs for fingerprinting totaled \$1.1 million in Fiscal Year 2016-17 (primarily GF/GP). Under the bill, beginning January 1, 2020, these costs would no longer be paid by LARA; rather, they would be paid by the AFC facility, staffing agency, or individual.

House Bill 6400 would not have an impact on state or local expenditures or revenues.

POSITIONS:

Representatives of the Department of Licensing and Regulatory Affairs (LARA) testified in support of House Bills 5505 and 5506. (11-8-18)

The Michigan Center for Assisted Living indicated support for House Bills 5505 and 5506. (11-8-18)

A representative of the Michigan Townships Association testified with concerns on House Bill 5506. (11-8-18)

Legislative Analyst: E. Best
Fiscal Analysts: Marcus Coffin
Viola Bay Wild

■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.

Update on Legislative, Regulatory and Public Policy Issues

Washtenaw County CMH Quarterly Provider Meeting
January 15, 2019

Presented By:

Robert L. Stein, General Counsel
Michigan Assisted Living Association
www.miassistedliving.org

1. Michigan Legislature's Lame Duck Session in December 2018
 - A. Public Act 368 of 2018 – Improved Workforce Opportunity Wage Act – Effective March 29, 2019
 - B. Public Act 369 of 2018 – Paid Medical Leave Act – Effective March 29, 2019
 - C. Public Act 557 of 2018 – Amends AFC Facility Licensing Act – Effective March 28, 2019
 - D. Public Act 558 of 2018 – Amends AFC Facility Licensing Act – Effective March 28, 2019
 - E. Public Act 513 of 2018 – Amends Michigan Zoning Enabling Act – Effective March 28, 2019
 - F. Supplemental Appropriations Bill
2. Governor Whitmer's Appointment of New MDHHS Director
3. Update on HCBS Final Rule
4. Status Report on Section 298 Initiative
5. Trends in Mental Health Services
6. Other Issues

Medication Administration Record (MAR)

A MAR should be completed when a provider touches, handles, sets up, or has the access to locked medications. In the examples below MAR's would be completed at every medication administration.

Example 1 Medication Administration:

- Administer medications as prescribed (twice daily); maintain record of medication administration; maintain and refer to current medication list, prescription bottles/bubble packs, consultation reports, provider prescription files, and medication administration records. Ensure that medications are kept in a safe, secure location.

Time: 30 minutes daily/3.5 hours weekly

Example 2 Medication Administration:

1. Prompt and assist in the refilling of prescriptions; 30 minutes monthly
2. John has not had any concerns regarding medications compliance and has been responsible for taking his 2x daily medications independently from a weekly medication box. Each week, staff will assist John in filling his weekly medication box. During this time, staff will refer to prescription bottles and utilize this time to teach and train John on his prescribed medications as needed. (30 minutes weekly)
3. Staff will check John's blood sugar once per day in the morning. Daily blood sugar will be logged in a blood sugar log kept at John's apartment and staff should be sure to follow John's physician's blood sugar protocol. While completing the blood glucose test, staff should visibly check John's medication box to ensure the previous days medications were taken. If medications are missed, please complete proper reporting to WCCMH treatment team. (1.75 weekly)
4. Prompt and assist John to attend scheduled medical and psychiatric appointments. Staff will attend medical and psychiatric appointments with John to facilitate coordination of care between Provider Agency and physician in the area of medication administration. This includes injection appointments at WCCMH. Staff will assist John in communicating issues of concern to the treating physician if necessary. Make copies of current prescriptions for Provider Agencies files. See that the form "Consultation Report" is completed at the time of any non-CMH appointments. Provider staff will keep available blank copies of these forms. Fax these documents to the case manager within 24 hours. (1 hour per week)

Total Medication Time: 3.25 Hours weekly

Example 3 Medication Management:

1. Refill medication monthly and with any medication change following appointments. 30 minutes per month (Time included in 24 Hr. Care)
2. Administer medication to Julie 3 times per day or as prescribed. Staff will also prompt and assist Julie to use her nebulizer 4 times per day. This may also include assistance with oxygen, as prescribed. 7 hours per week 1:1
3. Coordinate, attend and transport Julie to all her medical and mental health appointments. Staff should attend these appointments with Julie to assist her in communicating any concerns

or needs that she may have. Also, all after care should be coordinated following these appointments. Please complete and fax a consultation report for all non-WCCMH appointments to case manager and/or team nurse within 72 hours of appointments, or more promptly if situation warrants. 1 Hour per week 1:1

Total CLS Hours for Medication Management: 8 Hours Per Week 1:1

Medication tracking log should be used when:

- Are only observing/reminding/doing eyes on but doesn't touch, handle or have the access to locked medications.

- Insert tracking log example:

