

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

Meeting Date: February 17, 2023

Attendees:

BABH, CEI, CMHCM, GIHN, Huron, LifeWays, Newaygo, MCN, Right Door, Saginaw & Shiawassee

MSHN Staff: Kim Z.

Not Present: TBHS

*This meeting was held by zoom only

KEY DISCUSSION TOPICS

- Agenda Review
- Follow Up from Previous Meeting
- FY22 Annual Compliance Summary Report
- Signature on EHR Documents
- Committee/Council Survey Results
- 2024-2025 MSHN Strategic Plan
- Privacy Notice Updates
- HSAG Compliance Site Review
- OIG Change to CIAs
- Open Discussion
- Standing Agenda Items (As Needed)

✓ KEY DECISIONS

- Additions to Agenda
 - ✓ No additions to the agenda
- Follow up from previous meeting
 - ✓ None
- FY 22 Annual Compliance Summary Report
 - ✓ Changes/revisions made since the plan was reviewed during the last meeting were reviewed
 - ✓ The changes included moving all recommendations for FY2023 to the recommendations section at the beginning of the document
 - ✓ Adding a comparison for FY2021 to the DMC site review charts
 - ✓ The committee approved all revisions and recommended the plan be moved to Ops Council for review
- Signatures on EHR documents
 - ✓ Discussion about using legal name, variation of legal name or different name that clinician identifies with as signature on documents in EHR
 - ✓ MCN: Using legal; concern of documents going back to recipient with different name. In an audit, would the NPI number sufficiently track back to legal name when preferred name is used? Mixed views from administration team.
 - ✓ Shiawassee: Not requiring the legal name- discussing this more internally
 - ✓ CMHCM: They use a staff person's legal name in the EHR and put the preferred name in parenthesis after the legal name in the first name field. PCE did say this was the best practice for this. From the HR side, the system allows a preferred name to be selected for staff. That name is then displayed in the system for other staff (on the org chart and employee directory, for example), however we are not able to update all documents with the preferred name for legal reasons. For example, paystubs, W2's, benefit ID cards, etc. must have the legal name printed on them.
 - ✓ For the next meeting, please bring back information on the following:
 - Who is requiring legal name only on documents
 - Who is allowing variations of legal name
 - Who is allowing the use of a preferred name that is not the legal name
 - ✓ This will continue to be a discussion ongoing on the agenda
- Council/Committee Survey Results
 - ✓ Reviewed the results per question for this committee

- ✓ Addressed ideas for improvements
- ✓ Kim, as the facilitator, will try to ensure everyone has an opportunity to share their views and to keep the group on track with the agenda topics
- ✓ Kim will continue to ensure meeting materials get out a week prior to the scheduled meeting
- ✓ There were a lot of strengths identified from the survey
- ✓ The following were discussed as potential improvements:
 - Development of additional trainings
 - Development of standardized documents such as templates
 - Encourage more participation from all group members
 - Develop a process/methodology for completing investigations
- ✓ The group discussed whether to continue to meet virtually, in-person or hybrid
 - The group agreed that the virtual meetings are working well and want to continue with this model
 - Consider doing in-person meetings when most of us are together at the I/O conference
- 2024-2025 Strategic Plan Review
 - ✓ Reviewed the draft 2024/2025 MSHN Strategic Plan
 - ✓ Key Assumptions
 - Higher emphasis on timely access (at all levels for services where medical necessity is met) is a good thing – but due to staffing shortages it is difficult for the region to meet the standards
 - Lack of availability of services and providers for those who are stepping down services -such as leaving hospitalization – this affects conflict free requirements as well
 - Clients are struggling and the system is not providing the overall support needed
 - Look at credentials being required for services – this limits those who are available for support in an environment lacking provider capacity
 - ✓ Strengths
 - Delegation Model allows CMHSPs to provide services to meet their local needs while being in compliance with established standards
 - ✓ Weaknesses
 - Does the Council/Committee concur with these weaknesses?
 - Are there different/additional weaknesses that should be included for regional consideration?
 - Responsibility gets delegated to the CMHSP level – this can be challenging when CMHSPs are trying to reduce administrative staff/costs – this can be a burden for staff- challenging to available resources
 - Requirements for compliance with standards has become too much of a focus – requirements and oversight continues to grow and takes away from focus on service provision
 - MSHN could take over some of the reports if we had access to EHR data through PCE – such as the data for grievance and appeals
 - Look at reports that are reviewed through councils/committees – are these required- is there a benefit to the reports
 - ✓ Opportunities
 - Does the Council/Committee concur with these opportunities?
 - Are there different/additional opportunities that should be included for regional consideration?
 - Look at deemed status – this could lead to reduced monitoring and oversight for services/programs who are accredited and found in compliance
 - ✓ Threats
 - Does the Council/Committee concur with these threats?
 - Are there different/additional threats that should be included for regional consideration?
 - MDHHS departments not having consistent messaging to the behavioral health system
 - ✓ Due to time limits, the committee did not complete the review



- ✓ The sections still left to review and provide feedback include the Strategic Goals from the FY22/23 Strategic Plan
- ✓ The group voted to schedule an additional meeting within the next couple of weeks to complete the review
- ✓ Kim will send out some dates and times for members to choose from
- ✓ For those who cannot attend the meeting, feedback can be provided via email
- Privacy Notice Updates
 - ✓ Reviewed the revised MSHN Privacy Notice
 - ✓ Revisions based on findings from the HSAG Compliance Site Review
 - ✓ The language added to the Privacy Notice were based on the BBA language for the required standards
 - ✓ Committee approved of the changes
 - ✓ The Revised Privacy Notice will be posted on MSHNs website
- HSAG Compliance Site Review
 - ✓ There were many recommendations made by HSAG under the Confidentiality Section
 - ✓ These recommendations may become findings during the next review if not implemented
 - ✓ Reviewed the need to expand upon current confidentiality policy and create an additional procedure, with templates, on the steps to be completed, and tracked, when a beneficiary requests release of documentation within their file
 - ✓ Kim will complete updates to the current policy and create a new draft procedure to be reviewed by the committee during the next meeting
- OIG Changes to CIAs
 - ✓ Due to time limits this was tabled until next meeting
 - ✓ Vickey will also send out questions via email
- Open Discussion
 - ✓ No discussion during todays meeting

✓ **KEY DATA POINTS/DATES**

- Next Meeting: April 21, 2023 (3rd Friday of every other month from 10:00am – 12:00pm)