Meeting: Regional Compliance Committee	
Meeting Date: January 17, 2025	KEY DISCUSSION TOPICS
Attendees: CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Right Door, Saginaw, and Shiawassee	 Agenda Review Follow Up from Previous Meeting Background Check Procedure Document Retention Rules Draft 2025 Compliance Plan
MSHN Staff: Kim Z. and Amy Dillon	 Draft 2024 Compliance Summary Report Disclosure of reproductive health information Exclusion checks Risk Assessment Medication history consent
*This meeting was held by zoom only	Compliance software updateOpen Discussion
✓ KEY DECISIONS	No additions to agenda No follow up Background Check Procedure Changes to contract now require checks on central registry/ sex offender registry. Prior to the change in contract it was required every two years due to SUD requirement, this language has now been removed. Licensed staff are required to have the initial check and then once every three years during credentialing. CMH's can continue to do checks every two years or move to three years. Document Retention Rules Sally reported that staff at her agency are using email as a way to store documents which causes issue as it is unknown how long to retain documents. Many CMH's have had a similar issue and have chosen to archive emails, they will be moving to a process where emails are automatically deleted after a set amount of time. Gratiot county will dump emails after a set amount of years. Draft 2025 Compliance Plan Changes for this year's update include: FY25 contract states regulatory compliance committee is comprised of individuals from the board of directors and senior management charged with overseeing the compliance program. CEO, CFO, COO and others in similar roles may not operate in the capacity of the compliance officer. Section was added for right to recover overpayments from providers Some other minor changes were made Draft 2024 Compliance Summary Report Report is designed to look at the program as a whole and identify areas to focus on for the next FY. Risk areas are for concerns that have been ongoing with continuous non-compliance. Kim moved all the recommendations from the summary report to the area of focus and added an area for new initiatives. Disclosure of reproductive health information New rule was effective on 6/25/2024 and compliance was required by 12/23/2024.

Council, Committee or Workgroup Meeting Snapshot

	Notice of Privacy Practices deadline is 2/16/2026
MSHN	MSHN will be making updates to their notice.
Mid-State Health Network	 Update requires signed attestation when releasing reproductive healthcare information.
	Emily (CEI) sent draft attestation to team during meeting.
	Exclusion checks for Provider Staff
	 How frequently, if at all, do others require contracted providers to submit evidence of exclusion checks for their staff? Would anyone be willing to share the language in their contracts that speaks to this requirement?
	 Group suggestion was to have the provider provide proof of checks during the annual review process.
	Risk Assessment
	 Risk Assessments – SHW will be completing an agency-wide Risk Assessment, I'm hoping the group can share what tools/guidance they use to complete these. Are agencies conducting these using more one-on-one interviews or is it more of group brainstorming session? I believe it was mentioned during a meeting last year that MSHN had completed a Risk Assessment recently, could you share the tools used?
	 Kim (MSHN) stated that the tool used for the Department of Justice compliance program effectiveness review tool. Kim will
	share a copy of this with the group
	Medication history consent
	✓ Discussion occurred
	No other agencies are using the Surescripts Medication History
	Compliance Software Updates
	✓ Finalizing details for contract.

Open Discussion

✓ No further discussion today

KEY DATA POINTS/DATES

• Next Meeting: March 21, 2025 (3rd Friday of every other month from 10:00am – 12:00pm)

✓ Group needs to send Kim the number of accounts they will need.