

Summary of Changes to FY19/20 Corporate Compliance Plan

The following is a summary of the recommended changes, per section, to the FY19/20 Compliance Plan.

KEY: No Revisions = no changes recommended; No Substantive Revisions = only minor additions/deletions not affecting intent

I. OVERVIEW/MISSION STATEMENT

- No Revisions

II. VALUE STATEMENT

- No Revisions

III. SCOPE OF PLAN

The following additions are being recommended:

- All MSHN board members, employees and contractual providers are required to comply with all applicable laws, rules and regulations including those not specifically addressed in this Compliance Plan.
- Failure by MSHN staff to adhere to the requirements in the Compliance Plan could result in disciplinary action, up to and including termination of employment depending on the seriousness of the offense.
- Failure by the Provider Network to adhere to the standards within MSHN's Compliance Plan could result in remediation or further contract action depending on the seriousness of the offense.
- Failure by Board Members to adhere to the requirements in the Compliance Plan will be addressed following the standards within the MSHN By-Laws.

IV. DEFINITIONS

- No Revisions

V. COMPLIANCE PROGRAM

- No Revisions

VI. STRUCTURE OF THE COMPLIANCE PROGRAM

A. General Structure

- No Substantive Revisions

B. MSHN Compliance Officer

The following additions are being recommended:

- Completes investigations referred by, and under the direction of, the Office of Inspector General
- Coordinates compliance training and education efforts for MSHN staff and Board Members
- Prepares and submits the quarterly Office of Inspector General program integrity report

C. Regional Compliance Committee

- No Revisions

D. MSHN Corporate Compliance Committee

The following additions are being recommended:

- The MSHN Corporate Compliance Committee meets quarterly and its responsibilities include:
 - Reviewing the Compliance Plan and related policies to ensure they adequately address legal requirements and address identified risk areas
 - Assisting the CO with developing policies and procedures to promote compliance with the Compliance Plan
 - Analyze the effectiveness of the compliance program and make recommendations accordingly
 - Assisting the CO in identifying potential risk areas and violations
 - Advising and assisting the CO with compliance initiatives
 - Receiving, interpreting, and acting upon reports and recommendations from the CO
 - Providing a forum for the discussion of compliance related issues

VII. COMPLIANCE STANDARDS

A. Standards of Conduct and Ethical Guidelines

- No Revisions

B. Legal and Regulatory Standards

- No Revisions

C. Environmental Standards

- No Revisions

D. Workplace Standards of Conduct

- No Revisions

E. Contractual Relationships

- No Substantive Revisions

F. Purchasing and Supplies

- No Revisions

G. Marketing

- No Revisions

H. Financial Systems Reliability and Integrity

- No Revisions

I. Information Systems Reliability and Integrity

- No Revisions

J. Confidentiality and Privacy

The following additions are being recommended:

- Authorization - If protected behavioral health information is shared to an entity outside of MSHN for any purpose other than coordination of care, treatment, or payment of services, a signed authorization will be obtained from the consumer prior to sharing information. If substance use treatment information is being shared, for any purpose, to an entity outside of MSHN, a signed authorization, by the consumer, will be obtained. The Michigan Behavioral Health Consent Form will be utilized for obtaining authorizations.
- Business Associate Agreement – MSHN will obtain assurances with all Business Associates that protected health care information shared with them, will be protected and appropriately safeguarded consistent with all applicable State and Federal laws and requirements.

VIII. AREAS OF FOCUS

- No Revisions

IX. TRAINING

A. MSHN Employees and Board Members

The following additions are being recommended:

- Training will be provided upon hire for new employees and during orientation for new Board Members. All current staff and Board Members will receive annual training.
- The Compliance Officer will provide ongoing information and education on matters related to health care fraud and abuse as disseminated by the Office of Inspector General, Department of Health and Human Services or other regulatory bodies.
- It is the responsibility of MSHN staff to maintain licensure and certifications that are specific to their job responsibilities.

B. MSHN Provider Network

- No Revisions

X. COMMUNICATION

- No Revisions

XI. MONITORING AND AUDITING

Additional Internal Monitoring and Auditing Activities

The following additions are being recommended:

- Questionnaires to poll staff and the provider network regarding compliance matters including effectiveness of training/education and related policies and procedures
- Exit interviews with departing staff (Issues related to Compliance)
- Periodic interviews with staff at MSHN regarding their perception of compliance within their departments or agencies

XII. REPORTING AND INVESTIGATIONS

A. Reporting of Suspected Violations and/or Misconduct

The following additions are being recommended:

- MSHN employees, consumers, contractual providers, and CMHSP Participant/SUD Provider staff who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, which includes protections from disciplinary actions such as demotions, suspension, threats, harassment or other discriminatory actions against the employee by the employer.

B. Process for Investigation

- No Revisions

XIII. Corrective Actions and Prevention

The following additions are being recommended:

- Corrective Action Plans should minimally include the following description:
 - How the issue(s) identified will be immediately corrected, or the reason why it cannot be immediately corrected.
 - Steps taken to prevent further occurrences
 - Process for monitoring to ensure implementation and effectiveness of corrective action plan
- Depending on the seriousness of the offense, the resulting action for MSHN staff could include additional training, written reprimand, suspension or termination of employment. The resulting action for the provider network would also depend on the seriousness of the offense and could include additional training, letter of contract non-compliance and termination of contract.

XIV. Submission of Program Integrity Activities

- No Revisions

XV. References, Legal Authority and Supporting Documents

- No Revisions

ATTACHMENT A

- No Substantive Revisions

ATTACHMENT B

The following additions are being recommended:

- Added MSHN's Compliance Officer position to the flow chart

ATTACHMENT C

The following additions are being recommended to the area of focus chart:

- Medicaid Event Verification (MEV) audits
- Autism Program and Credentialing
- Health Services Advisory Group (HSAG) Site Review Findings and Recommendations
- Children's Waiver (CW) and Serious Emotional Disturbance (SED) Waivers Certification Process for B3 Services

ATTACHMENT D

- No Revisions

ATTACHMENT F

The following additions are being recommended:

- Participant CMHSPs and SUD providers will report suspected compliance issues within ten business days of discovery to the MSHN Compliance Officer when there is suspected fraud, abuse or waste.