

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

Meeting Date: October 18, 2024

Attendees:
CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Right Door, Saginaw, and Shiawassee

MSHN Staff: Kim Z. and Amy Dillon

*This meeting was held by zoom only

KEY DISCUSSION TOPICS

- Agenda Review
- Follow Up from Previous Meeting
- Disqualified Provider Policy Revisions
- Litigation Reporting
- Committee Charter Review
- Committee Annual Effectiveness Review
- OIG Updates
- Compliance Software Recommendation
- Self-Directed Service Claims
- Open Discussion

✓ **KEY DECISIONS**

- Additions to Agenda
 - ✓ Foster Parent’s ability to consent to services when parental rights have not been terminated.
 - Vickey requested that the group circle back to the above topic that was sent via email for discussion previously.
 - Lifeways and many other agencies allow a foster parent to consent to services regardless of parental rights based on guidance including DHS-PUB-268, GUIDELINES FOR FOSTER PARENTS AND RELATIVE CAREGIVERS FOR HEALTH CARE AND BEHAVIORAL/MENTAL HEALTH SERVICES
 - This only covers consents to treatment and consent to exchange health information (Release of Information’s), this does not include consent for psychotropic medications.
 - The Right Door has taken the stance that parents should be included in services; including consenting to treatment. Many agencies agreed that this is best practice whenever possible.
- Follow up from previous meeting
 - ✓ No follow up
- Disqualified Provider Policy Revisions
 - ✓ New disqualifications were added to the Disqualified Providers Policy
 - Felony Conviction for Theft – 10 years
 - Misdemeanor Conviction for Theft – 5 years
 - Table title was updated to reflect that additional disqualifications apply to all staff working in a Specialized Residential setting, as well as Applied Behavioral Analysis Technicians.
 - Updates to the grids in Attachment A were made to ensure that all of the information from the policy is included.
- ✓ Litigation Reporting
 - ✓ Medicaid Sub-Contract with CMHSPs states in section XXIX. MISCELLANEOUS PROVISIONS. G.:
 - **Disclosure of Litigation, or Other Proceeding.** Contractor must notify MSHN within 10 calendar days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, “Proceeding”) involving Contractor, a subcontractor, or an officer or director of Contractor or subcontractor, that arises during the term of the Contract, including: (a) a criminal Proceeding; (b) a parole or probation Proceeding; (c) a Proceeding under the Sarbanes-Oxley Act; (d) a civil Proceeding involving: (1) a claim that might reasonably be expected to adversely affect Contractor’s viability or financial stability; or (2) a governmental or public entity’s claim or written allegation of fraud; (3) any complaint related to the services provided in this Contract filed in a legal or administrative proceeding alleging Contractor or its subcontractors discriminated against its employees, subcontractors, vendors, or suppliers during the

performance of Contract activities and during the term of this Contract: or (e) a Proceeding involving any license that Contractor is required to possess in order to perform under this Contract.

- The above language has been included in our contracts previously. However, the department is no longer requiring the Annual Litigation Reports. Kim will now need to enforce the 10 days reporting requirement.
- Committee Charter Review
 - ✓ The committee reviewed the Regional Compliance Committee Charter. No updates were recommended. The Committee approved the charter as written.
- Committee Annual Effectiveness Review
 - ✓ Previous Years Goals:
 - #1 – Identify compliance related educational opportunities including those aimed at training compliance officers.
 - The Committee recommended to identify this goal as “Not Met”
 - #2 – Review methods of assessing risk and findings for detection of fraud and abuse for potential improvements and efficiencies.
 - Kim shared that MSHN has completed an internal Risk Assessment. Kim will share the outcomes of the Risk Assessment with the Committee.
 - The Committee recommended to identify this goal as “Partially Met”
 - The Committee recommended to continue the above goals for the next year.
 - Kim will identify activities/ tasks and frequency/due dates for each of the goals. Kim will send the draft to the Committee by 10/22/2024. The Committee will have one week to review and offer feedback.
 - Kim shared that MSHN has added a new Compliance and Quality Coordinator position. The addition of this position will support the expansion of data that can be shared and reviewed by this committee.
- OIG Updates
 - ✓ MSHN V1- CMH OIG CR PI 6.1-6.8 Template- MSHN Version of the report which includes the pre-payment activities.
 - ✓ OIG Qrtly Report 6.1-6.8 MSHN Guidance – this is an updated version of MSHN/OIG guidance by tab and row/column using the new template.
 - ✓ MDHHS OIG CR PI 6.1-6.8 Guidance rev 9.25.24- OIG guidance that was sent for the quarterly report.
 - ✓ The newest OIG Template and Guidance Material are located in Box: <https://app.box.com/folder/288656521586>
 - ✓ The newest versions are dated 9/30/2024.
 - ✓ Amy has created a “MSHN Guidance” version of the OIG Report which contains examples and tips. Amy has also updated the OIG Report Template to include the additional tab for Prepayment Activities. Tabs that must be completed prior to submitting to MSHN are highlight blue.
 - ✓ OIG Quarterly Reports should be submitted through the link on MSHN's website: <https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/cmhsps/reporting-requirements-cmhsp>
 - ✓ OIG is now requiring CAPs for submissions that are sent back for mistakes. Kim stated that our submissions have minimal issues.
 - ✓ There have been minor changes to the OIG Fraud Referral form. Please use the form revised 7/2/2024. The referral will be returned if it is not on the correct revision.
 - ✓ The OIG Fraud Referral process remains the same. Kim has created a PowerPoint template for the required presentation.
 - ✓ Kim plans to create an Investigation Guidance to help CMHs. The OIG has become more involved with the process of investigations. The OIG has questioned investigations when the complainant, staff, or supervisor have not been interviewed. However, the OIG has also expressed concern when the target of the investigation is interviewed.
- Compliance Software Recommendation



- ✓ MSHN has selected Healthicity for their new compliance software. MSHN will be meeting internally to plan next steps; including signing a contract.
- ✓ MSHN still plans to cover the cost of this software. Agencies will be able to use the software without fees at this time.
- ✓ If an agency chooses not to utilize the software for their internal compliance practices, they will still be required to utilize the software for MSHN and OIG required reports.
- Self-Directed Service Claims
 - ✓ Overpayments for improper Self-Directed Services claims
 - ✓ Lifeways currently uses GF to cover overpayments for SD services. Ken asked how other agencies handle this as they have concerns about utilizing a shrinking GF.
 - ✓ SHW has also used GF previously to cover these types of overpayments. However, SHW recently completed a take back and requested that the FI help to resolve the issue.
Saginaw completes a take back from the FI and then the FI recovers funds from the SD staff.
- Open Discussion
 - ✓ Kim will be bringing the Corporate Compliance Effectiveness Report and Corporate Compliance Plan to the December 2024 meeting.

✓ **KEY DATA POINTS/DATES**

- Next Meeting: December 20, 2024 (3rd Friday of every other month from 10:00am – 12:00pm)