

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

	mooning: Rogional Compilation Committee
Meeting Date: January 22, 2021	KEY DISCUSSION TOPICS
Attendees: BABH, CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Saginaw, Shiawassee and Tuscola MSHN Staff: Kim Z. Not Present: The Right Door	 Agenda Review Annual Compliance Summary Report MEV Site Review Findings Use of credentials with signature Data Mining Open Discussion Consumers recording sessions MDHHS consent form Updates to Federal and State Laws
*This meeting was held by zoom only	
✓ KEY DECISIONS	 Additions to Agenda ✓ No additions or revisions Annual Compliance Summary Report ✓ Recommendations section: includes findings from site reviews (internal, external, MDHHS), and contractual requirements; focused on higher risk & repeat findings, credentialing of staff. ○ 1) DMC Review: Added note in area regarding use of MDHHS Self-Direction Technical Implementation Guide is part of a contract technical requirement that is still in negotiations with MDHHS. ○ 2) MDHHS audits: concerns in multiple areas of repeat citations (BT Plans & Reviews, waiver plan development, provider qualifications) and concerns of possible monetary sanctions. MSHN looking at how to monitor differently & needed education and training. ○ 3) HSAG: did not fully meet requirements on PIP; data error was identified; implement ongoing data validation. ○ Compliance: MSHN continues work with OIG on the many open cases yet with them. ○ SUD: some concerns in the area of residential providers adherence to standards. ○ MEV: numbers still strong across region. Report also gives details on results of numerous 2020 audits/reviews and trends over time (noted COVID pandemic as having affected the completion of some regular audits), and details on Data Mining activities, activity on subpoenas, and security breaches. ✓ Provide additional feedback to Kim by 1/27 for Kim to finalize for Ops Council. MEV Site Review Findings ✓ Use of credentials with signature on documents ○ One issue that arises for CMHs and SUD providers as a common finding is the absence of use of credentials when signing documents. Some are errors with EHR system and were corrected, some is a lack of practice of general practice at some providers. In past, has been a rule/requirement, but unable to identify where that rule lies anymore. ○ Council agreed that use of credentials is best practice; future

- ✓ Death Data will be reported for FYQ1.
- ✓ Any ideas for high or low utilization of services? Kim will check with Todd and Skye on this
- ✓ Council asked to submit what they are reviewing internally...anomalies or errors
- Open Discussion
 - ✓ Consumers recording sessions
 - Michael asked what policies exist regarding consumers recording treatment sessions. His research is that Michigan Laws have stated that only 1 person has to give consent to that, but recently a district court says all parties have to consent to the recording. There are different interpretations.
 - Discussion: concerns for consumers sharing recordings on social media; saving PHI data on devices that
 are not secure; possible agency risk; if recipient does it, or someone else in a session with them does it,
 we don't have control of that information; has to be a way to satisfy their need to do it other than putting it
 on a device that includes their PHI; assess/ask consumer why they want to record—maybe can meet their
 need in another way.
 - o Initial general ideas:
 - 1) Put policy in place you have to get permission from everyone in order to video tape. OR
 - 2) Create policy not allowing videotaping of sessions by consumer (agency only allowed per current policy/rules/allowances.): won't affect clinician/client relations (it's an agency rule, not clinician rule). May not know if they are taping or not, but if there is policy to prohibit, it also protects the agency.
 - o Levi may have policy example to share.
 - o Noted Zoom requires host to approve recording, which would control this issue; not sure on other formats.
 - ✓ MDHHS 5515 Consent Form
 - MDHHS Consent Form does not seem to be compliant with 42CFR (Ken Berger). In Altarum materials it says for SUD services, use MDHHS consent form 5515 "or an equivalent." Question: Do we need to have 5515 as well as another consent form that is an "equivalent" but compliant with 42CFR as well; SUD providers would prefer it? ANSWER: MDHHS requires we use the 5515 form but can add a supplement to 5515 (so could use a cover page, or something.)
 - Current consent form State workgroup is no longer meeting at this time, and this question has been an
 issue of concern from the beginning.
- Federal and State Updates
 - ✓ Changes to the Stark Law:
 - There were changes to the law. Kim provided a condensed version of changes to the law. Primarily
 changes allow for participation in value-based arrangements; also makes it easier for providers to comply
 with the law/reduces administrative requirements.
 - ✓ Changes to Anti-Kickback:
 - o Some changes related to safe harbor. Changes decreases burdens in complying.
 - ✓ Medicaid final rule: MSHN is aware of changes; a number are in place already and in FY2021 contract with MDHHS. Some have to do with customer services and changes to grievances and appeals, and other customer service-related changes. MSHN has a timeline to work on these things; Kim and Dan will get together on this and update us on it at the next meeting.

KEY DATA POINTS/DATES

• Next Meeting: February 19, 2021 (3rd Friday of every other month from 10:00am – 12:00pm)