AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING

Monday, June 3, 2024 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

Committee Members:	Present	Excused	Absent	Committee Members:	Present	Excused	Absent	Others Present:
Robert Pawlak, Ex Off, Ch				Patrick McFarland				BABH: Karen Amon, Chris Pinter, Sarah Holsinger, Jesse Bellinger, and Sara McRae
Christopher Girard, V Ch				Pam Schumacher				
Tim Banaszak				Richard Byrne, Ex Off				
Patrick Conley								Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call to Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Corporate Compliance Report 3.1) Corporate Compliance Report		3.1) No action necessary
4.	Other Reports 4.1) Primary Network Operations and Quality Management Committee meeting notes from March 14, 2024		4.1) No action necessary
5.	Unfinished Business 5.1) None		
6.	New Business 6.1) Leadership Dashboard 6.2) Quality Assurance and Performance Improvement Plan Report		6.1) No action necessary 6.2) No action necessary

AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
HEALTH CARE IMPROVEMENT & COMPLIANCE COMMITTEE MEETING
Monday, June 3, 2024 at 5:00 pm
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

	6.3) Corporate Compliance Plan 6.4) Schedule Board Corporate Compliance Training		6.3) Consideration of motion to refer the Corporate Compliance Plan to the full Board for approval 6.4) Consideration of motion to refer the corporate compliance training information to the full Board for information
7.	Adjournment		

BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, March 14, 2024

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room

MEMBERS	Present	MEMBERS	Present	AD-HOC MEMBERS	Present
Allison Gruehn, BABH ACT/Adult MI Program Manager		Joelle Sporman (Recorder), BABH BI Secretary	X	Amanda Johnson, BABH ABA/FS Team Leader	
Amy Folsom, BABH Madison Clinic Manager	X	Karen Amon, BABH Healthcare Accountability Director		Denise Groh, BABH Medical Records Associate	
Anne Sous, BABH EAS Supervisor		Kelli Maciag, BABH Children's IMH/HB Supervisor	X	Ellen Lesniak, BABH Finance Manager	
Barb Goss, Saginaw Psychological COO		Laura Sandy, MPA Adult/Child CSM Supervisor	X	Jacquelyn List, List Psychological COO	
Chelsea Hewitt, Saginaw Psychological Asst. Supervisor	X	Lynn Blohm, BABH North Bay Team CLS Supervisor	X	Kathy Jonhson, Consumer Council Rep (J/A/J/O)	
Chelsee Baker, Saginaw Psychological Supervisor		Megan Smith, List Psychological Site Supervisor	X	Nathalie Menendes, Saginaw Psychological COO	
Courtney Clark, Saginaw Psychological OPT Supervisor	X	Melanie Corrion, BABH Adult ID/DD Manager		Nicole Sweet, BABH Clinical Services Manager	X
Emily Gerhardt, BABH Children Services Team Leader		Melissa Deuel, BABH Quality & Compliance Coordinator	X	Sarah Van Paris, BABH Nursing Manager	
Emily Simbeck, MPA Adult OPT Supervisor	X	Melissa Prusi, BABH RR/Customer Services Manager	X	Stephanie Gunsell, BABH Contracts Manager	
Heather Beson, BABH Integrated Care Director	X	Pam VanWormer, BABH Arenac Clinical Supervisor		Taylor Keyes, Adult MI Team Leader	
Heather Friebe, BABH Arenac Program Manager	X	Sarah Holsinger (Chair), BABH Quality Manager	X	Tyra Blackmon, BABH Access/ES Clinical Specialist	
Jaclynn Nolan, Saginaw Psychological OPT Supervisor	X	Stacy Krasinski, BABH EAS Program Manager	X	**GUESTS**	**Present**
James Spegel, BABH EAS Mobile Response Team Supervisor		Stephani Rooker, BABH ID/DD Team Leader	X		
Joelin Hahn (Chair), BABH Integrated Care Director	X	Tracy Hagar, MPA Child OPT Supervisor	X		

	Topic	Key Discussion Points	
1.	**a. Review of, and Additions to Agenda** **b. Presentations: TBA** **c. Approval of Meeting Notes: 02/08/23** **d. Program/Provider Updates and Concerns**	a. There was an addition made to the agenda later in the meeting. 4L. Advance Notice, requested by Kelli Maciag. b. No presentations this month. c. The February 8th meeting notes were approved as written. Sarah followed up regarding the PCE alerts that were brought up. The alerts drop off 3 months after the alert. Starting the pre-plan prior to the plan expiring will clear out the alert. Brenda will take this to the EHR Committee. With the periodic reviews only, you will get a periodic review overdue date. If you do it before, then it's not clearing the alert out and should recognize anything that is done before the due date. Dmitriy said it has to do with being part of the plan so Brenda will readdress this to the EHR Committee. d. **Bay-Arenac Behavioral Health**: - <u>ABA/FS</u> – Nothing to report this month. - <u>ACT/Adult MI</u> – Nothing to report this month. - <u>Arenac Center</u> – The Arenac Center will be down a case manager next week. Referrals from Northern Bay will be locked down.	

Topic	Key Discussion Points	
	- Children's Services – There are a lot of referrals but are still down a Homebased worker. There is a new position open for a Community Infant MH Consultant. - CLS/North Bay – North Bay will be fully staffed as of March 25th. North Bay created a Transition Employment (TE) program with the Opportunity Center. Individuals from the OC, who are employed by BABH, are a janitorial group that come in and clean the buildings part-time. The OC nominated North Bay, at the state level, to receive an award for the TE position that was created at North Bay. The reward will be accepted on April 11th in Lansing. It is difficult to find CLS workers to meet the needs, so if you have consumers on the wait list, they are still there. - Contracts – Nothing to report this month. - Corporate Compliance – Nothing to report this month. - EAS (Emergency Access Services)/Mobile Response – Still trying to hire 2nd shift Team Lead, 2nd shift MRT, and 3rd shift regular EAS staff. Both intake specialist positions were filled. - Finance – Nothing to report this month. - ID/DD – No updates to report this month. - IMH/HB – Nothing to report this month. - Madison Clinic – There has been an increase in lack of authorizations. The intake annual checklist has been revised. The CPT code cheat sheet in Phoenix has been revised and is under the Resources Help Tab. Narcan is available in the lobby. Amy can get with Barb Goss at Saginaw Psychological to have Narcan put in their lobby. If you do not have the latest version of the GF request that was updated to include some reasons why we cannot use it for external provider GF requests, please get with Amy and she can send it to you. Joelin asked Amy to also send the intake annual checklist with the GF request. - Medical Records – Denise Groh will be retiring in April, and Lynn Meads, Arenc Center Secretary, has accepted the Record's Specialist job. - Quality – Nothing to report this month.	

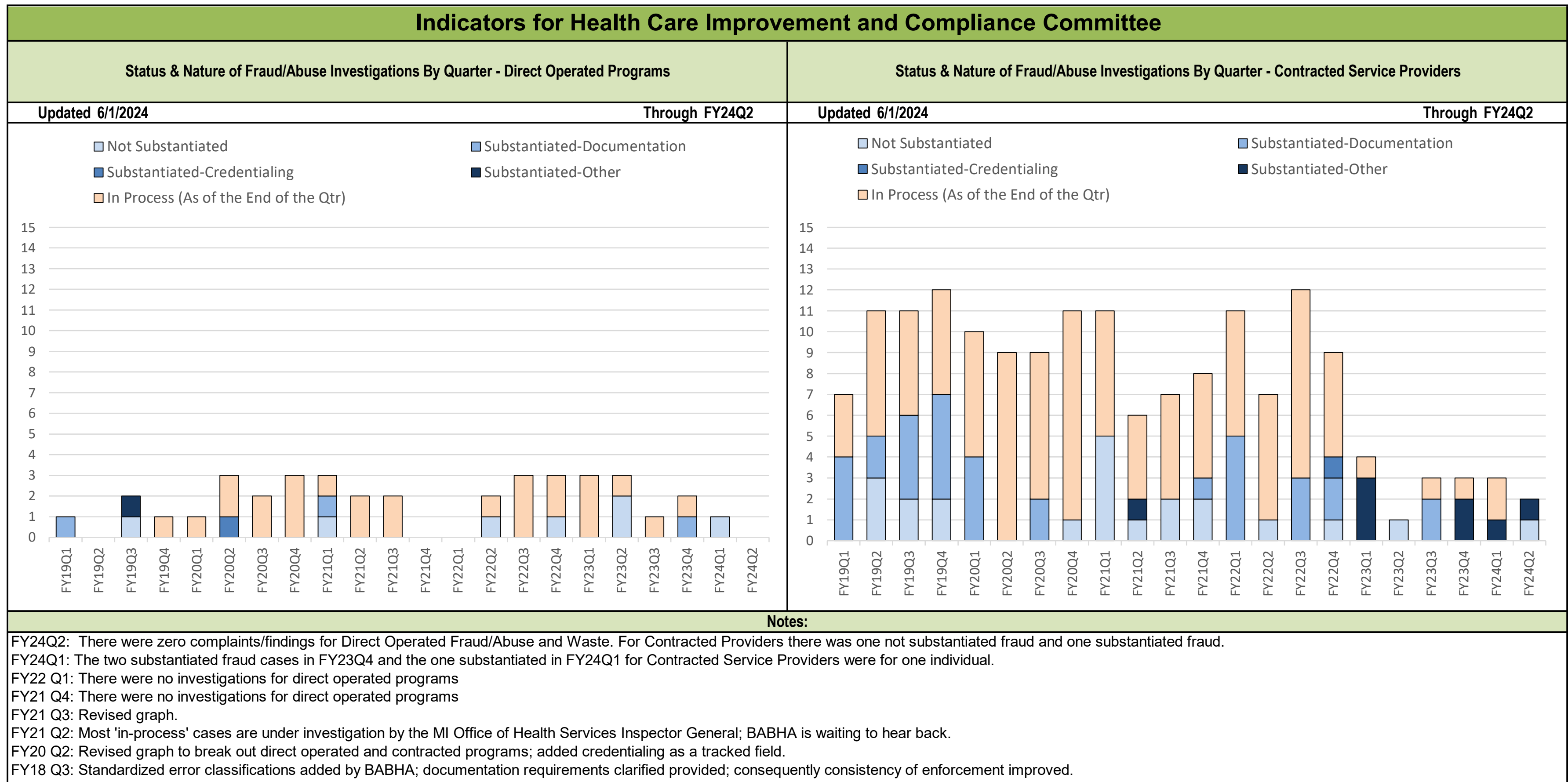
	Topic	Key Discussion Points	
		- Recipient Rights/Customer Services – Nothing to report this month. **List Psychological**: Nothing to report this month. **MPA:** There are 2 CSM positions open for Child and Family; 1 for ABA and 1 for CSM-C. Referrals are on hold. The job program had a person start and one is an intern. **Saginaw Psychological:** No updates for CSM. We are fully staffed. OPT had one new therapist start, but we will be losing a therapist the end of April.	
2.	**Plans & System Assessments/Evaluations** a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. Nothing to report this month. b. Nothing to report this month.	
3.	**Reports** a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. MSHN Priority Measures Report (Jan, Apr, Jul, Oct) ii. Recipient Rights (Jan, Apr, Jul, Oct) **iii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec)** iv. Consumer Satisfaction Report (MHSIP/YSS) v. Provider Satisfaction Survey (Sept) c. Access to Care & Service Utilization Reports i. MMBPIS Report (Jan, Apr, Jul, Oct) ii. LOCUS (Mar, Jun, Sep, Dec) iii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)	a. Nothing to report this month. b. i. Nothing to report this month. ii. Nothing to report this month. iii. There was a 71% completion rate of the RAS for FY24Q1. There were two statements that scored lower for individuals receiving ongoing services during FY24Q1 which was consistent with FY23Q4. The two statements were, “I have goals in life that I want to reach” and “I have a desire to succeed” were the same statements that scored lower for FY23Q4. This appears to be a trend over the past year. There were seven statements that scored lower for FY24Q1 compared to FY23Q4 which was a decrease from last quarter (15 statements). iv. Nothing to report this month. v. Nothing to report this month. c. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month.	

	Topic	Key Discussion Points	
	iv. Service Requests Disposition Report (Feb, May, Aug, Nov) v. Customer Service Report (Jan, Apr, Jul, Oct) d. <u>Regulatory and Contractual Compliance Reports</u> i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report iii. MSHN MEV Audit Report (Apr) iv. MSHN DMC Audit Report (Sept) v. MDHHS Waiver Audit Report (Oct when applicable) e. Periodic Review Reports f. Ability to Pay Report g. Review of the Referral Status Report	d. i. Nothing to report this month. ii. Nothing to report this month. iii. Nothing to report this month. iv. Nothing to report this month. v. Nothing to report this month. e. Nothing to report this month. f. Nothing to report this month. g. Nothing to report this month.	
4.	**Discussions/Population Committees/ Work Groups** a. <u>Harm Reduction, Clinical Outcomes and Stakeholder Perceptions</u> i. Consumer Council Recommendations (as warranted) b. <u>Access to Care and Service Utilization</u> i. Services Provided during a Gap in IPOS ii. Repeated Use of Interim Plans c. <u>Regulatory Compliance & Electronic Health Record</u> **i. 1915 iSPA Benefit Enrollment Form** ii. Management of Diagnostics d. BABH/Policy Procedure Updates	a. i. Nothing to report this month. b. i. Nothing to report this month. ii. Nothing to report this month. c. i. Any individual on Medicaid that is getting CLS or Respite as part of their treatment plan, the 1915 form needs to be filled out. Joelin asked the IT Department to format the 1915 form, and when it has been formatted, she will send it out to everyone. The form needs to be filled out annually. ii. Nothing to report this month. d. Nothing to report this month. e. Joelin will get with the Finance Department to see if we can work with local taxi companies. Joelin will follow-up with DHS worker for a Medicaid reimbursement list for transportation. We can have group therapy brochures made up so people are aware that group therapy is an option. i. There have been stop gaps with OPT Group therapy. ii. There have been stop gaps with OPT Individual therapy.	e. Joelin to get with Finance and the DHS worker. h. i. Sarah H. will ask about this at a QIC meeting to see if we can get movement on this. j. Deferred k. Deferred

Topic	Key Discussion Points	
e. Clinical Capacity Issues Update **i. OPT Group Therapy** **ii. OPT Individual** **iii. Referrals for Groups - Discussion** **f. Medicaid Re-Enrollment - Loss of Benefit Tracker** **g. RPOSN Referrals** **h. IPOS Ranges** **i. IPOS Training Forms** **i. Recommended Training** **j. Inactive Scripts on Assessment** **k. Death Report** **l. Advance Notice**	iii. We cannot have group during regular business hours because staff that lead the group have a full-time job and we do not have a therapy department. f. Joelin sent the forms out to the provider network last week. It does not matter who tracks the information, but we need to keep track of everyone that has a change in their Medicaid benefit. There was a new change discovered as a 291-plan. Joelin sent this to the DHS worker, and no one is sure what it means so the best conclusion is these are people who temporarily lost their Medicaid, it's in the application process and they have not turned in everything that needed to be turned in. If the 291-plan comes up, the secretary needs to inform the primary case holder to verify their Medicaid. Anyone dealing with the IDD population, if you see DAB (used to be DAC), make sure it does not drop off. If a referral comes from the BABH Access Center, it does not mean it meets 100% criteria to be paid for by BABH. g. Nothing to report this month. h. Nothing to report this month. i. Not everyone is providing the same IPOS training, so what are the expectations of how the provider should be trained before they send out the IPOS training form? Some case managers read the whole plan of service with the consumer, some will not do anything and will send the form without the plan, and some will read the goals related to the service being provided. From a Recipient Right's standpoint, you need to make sure whoever you are training, they know exactly what is going on with the individual. You cannot use the IPOS meeting as the training date. The person receiving the training from the author of the plan has to wait until the plan is written and signed by the author. If the plan of service meeting happened on the 14th but doesn't go into effect until the 20th, the author of the plan can still write the plan, sign it, and train on the plan before the effective date. Sarah will check on this so hold off on any changes.	

	Topic	Key Discussion Points	
		i. Joelin is hoping to bring in military/veteran's cultural competency and would like to open that up to the entire network. We are seeing more veterans and if you have not come from a military family, you really should learn about that culture. We are hoping to have this available to the veterans in the next few months. Saginaw Psych – Joelin just received information for the next co-hort for DBT's and will send it to Nathalie. Joelin just received information for the children's program for the MichiCans training. As BABH receives more information in detail, she will send it out to the group. SED and IDD children through their 21st birthday. Through their 6th birthday and younger, they will receive DECA. j. Defer CMH's were asked about allowing a 1-2-minute overlap, but we should not be doing that. When you get to the SAL, you would add an additional SAL. Make a note as to why there is a gap in the SAL. k. Defer l. If the consumer does not want medicine, BABH will open one family-based program and will close the other HB one. When sending an ABD, there is not a good selection. It is noted that the consumer agrees to have their services closed, but what should we pick since none of the options go with the closed case? Give a good explanation as to what is going on and if the wrong drop down is picked, it can be adjusted, it will not necessarily be an issue as long as there is a detailed reason as to what took place.	
5.	**Announcements** a. DHHS Outreach Worker i. MIBridges System b. Great Lakes Bay FAN – Recovery & Resource Fair, Delta College, Thursdays 5:00 - 7:00 PM	a. FYI b. FYI	

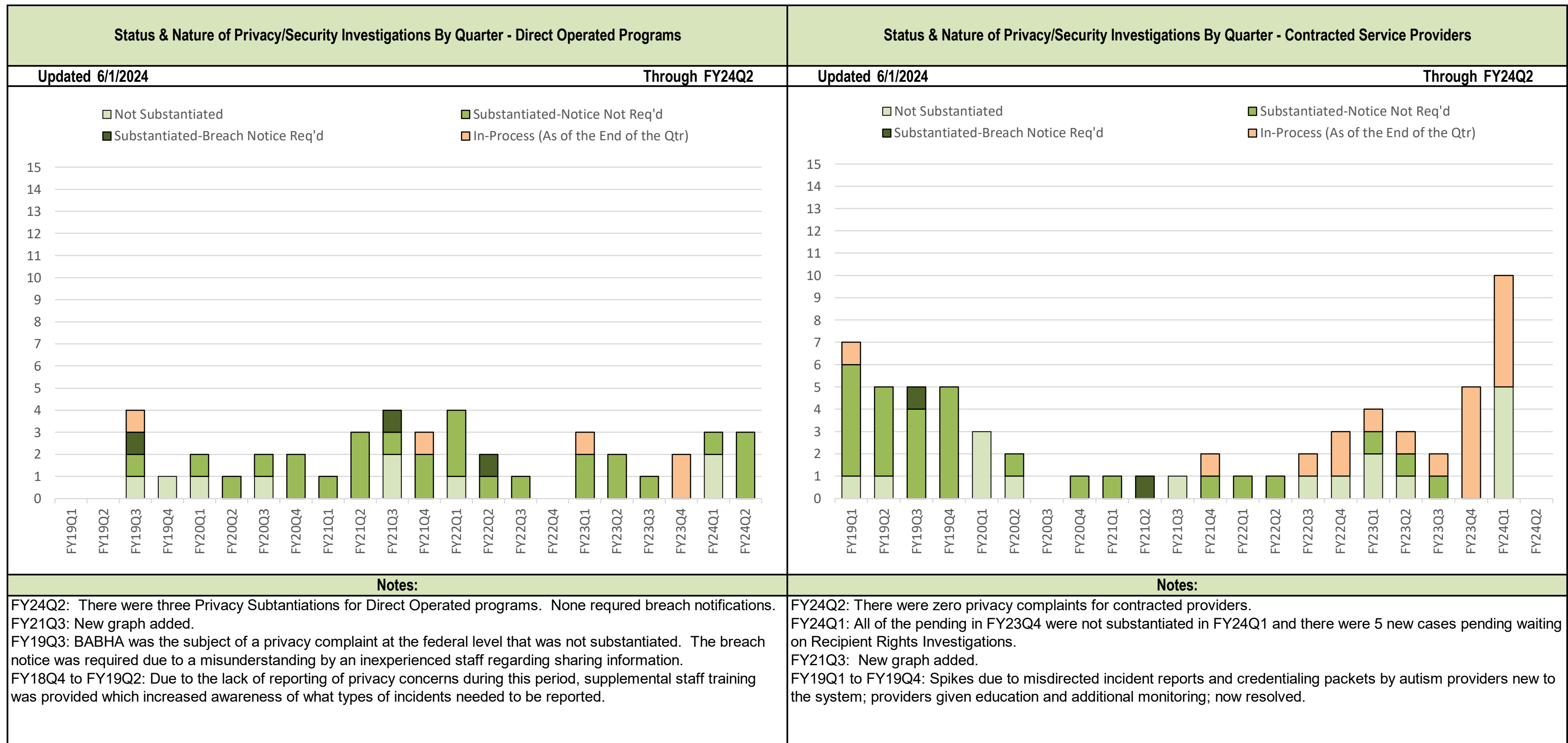
	Topic	Key Discussion Points	
6.	**Parking Lot** i. Periodic Reviews – Including Options for Blending with Plan of Services Addendums	i. This agenda item was moved from Section 4. Come back to at another time.	
7.	**Adjournment/Next Meeting**	The meeting adjourned at 3:00 pm. The next meeting will be on April 11, 2024, 1:30 - 3:30 in-person at the Lincoln Center in the East Conference Room.	



Notes:

FY24Q2: There were zero complaints/findings for Direct Operated Fraud/Abuse and Waste. For Contracted Providers there was one not substantiated fraud and one substantiated fraud.
FY24Q1: The two substantiated fraud cases in FY23Q4 and the one substantiated in FY24Q1 for Contracted Service Providers were for one individual.
FY22 Q1: There were no investigations for direct operated programs
FY21 Q4: There were no investigations for direct operated programs
FY21 Q3: Revised graph.
FY21 Q2: Most 'in-process' cases are under investigation by the MI Office of Health Services Inspector General; BABHA is waiting to hear back.
FY20 Q2: Revised graph to break out direct operated and contracted programs; added credentialing as a tracked field.
FY18 Q3: Standardized error classifications added by BABHA; documentation requirements clarified provided; consequently consistency of enforcement improved.

Leadership Dashboard



Notes: (Direct Operated Programs)

FY24Q2: There were three Privacy Subtantiations for Direct Operated programs. None requred breach notifications.
FY21Q3: New graph added.
FY19Q3: BABHA was the subject of a privacy complaint at the federal level that was not substantiated. The breach notice was required due to a misunderstanding by an inexperienced staff regarding sharing information.
FY18Q4 to FY19Q2: Due to the lack of reporting of privacy concerns during this period, supplemental staff training was provided which increased awareness of what types of incidents needed to be reported.

Notes: (Contracted Service Providers)

FY24Q2: There were zero privacy complaints for contracted providers.
FY24Q1: All of the pending in FY23Q4 were not substantiated in FY24Q1 and there were 5 new cases pending waiting on Recipient Rights Investigations.
FY21Q3: New graph added.
FY19Q1 to FY19Q4: Spikes due to misdirected incident reports and credentialing packets by autism providers new to the system; providers given education and additional monitoring; now resolved.

Additional Indicators for Strategic Leadership Team

Percent of Storage Space Used

Updated 5/1/2024 **Through May-24**

Notes:

07/01/19: New calculation method for email based on total disk usage
01/08/19: Conversion to Office 365 email which has XL storage capability
01/31/23: SQL 1 is now back in production after being rebuilt due to EOL software, old items not needed were archived.
01/31/23: Data older than NOV is unavailable to backfill for G, P, SQL1, SQL2. Data older than August is unavailable for email.

Desktop, EHR and Phone Outages - Count in Minutes

Updated 5/1/2024 **Through May-24**

Notes:

01/08/19: Phone system issues over the holiday for ES not counted as not a system fail as problem was due to user programming learning curve with the new integrated phone system.
11/18/22: Phone system issue: system froze, lost configuration, had to be restored from backup. Because the system froze, there were no logs to review to investigate why the system froze.
11/29/22: Pheonix issue, PCE had to correct a setting in their systems; they needed a higher I/O threshold than what their vendor recomended.
1/31/23: The brief outage in the January reporting perios (data from December) was due to NSO needing a maintenence window to install emergency firmrare updates on the firewalls for security).
05/03/23: A VDI outage in April occurred when a software/security update to the firewall had a bug that caused the high availablity function to break and caused issues with passing traffic. NSO engaged vendor support and a workaround was put in place until the bug can be addressed in a future update.

Wide Area Network (WAN) Outages - Count in minutes

Updated 5/1/2024 **Through May-24**

Notes:

3rd qtr 2019 - tel-net outage

01/26/2024: Ongoing intermittent issues with Telnet. Issues are intermitent and are near impossible to quantify actual downtime. Options are being considered.

Local Area Network (LAN)

Updated 5/1/2024 **Through May-24**

Notes:

Quality Assessment and Performance Improvement Program (QAPIP)
Quarterly Report 2

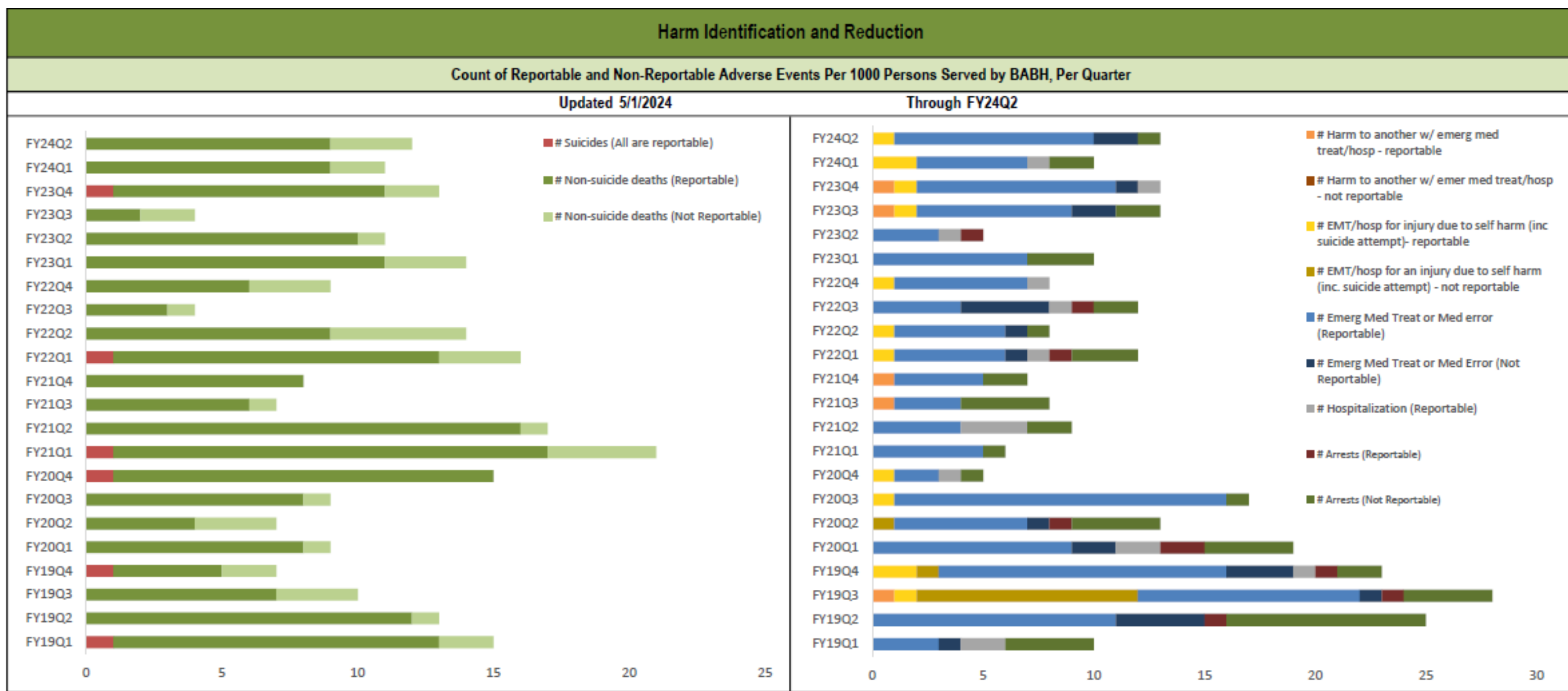
The following report provides a quarterly update to the goals identified in the QAPIP plan as well as an annual review.

PROVIDER QUALIFICATION AND SELECTION

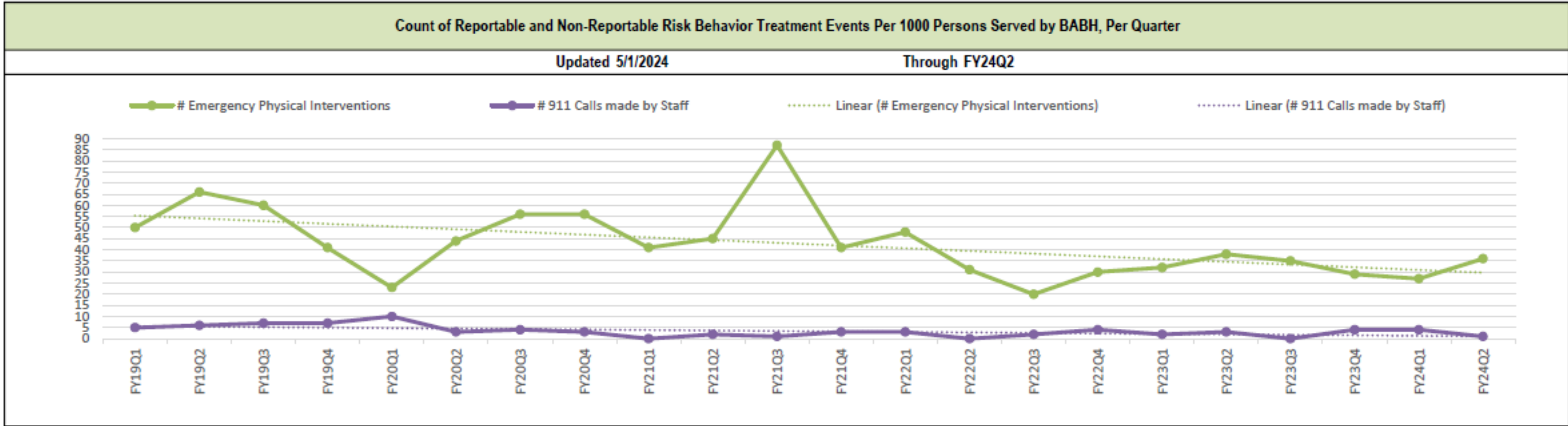
24 Hours of Children's Specific Training: The Staff Development department has been working on utilizing reports within Relias to provide to supervisors on a regular schedule to determine how staff are progressing with this requirement. Supervisors have received training on how to access this information independently within Relias. Additionally, the Staff Development department created a curriculum that each children's staff can complete to ensure 24 hours of children's specific training is completed.

Plan of Service Training Forms: BABH staff are reviewing the use of this form during scheduled site reviews, external audits, as well as monthly monitoring by the quality improvement staff. The findings of these reviews are given to supervisors for follow-up with applicable staff.

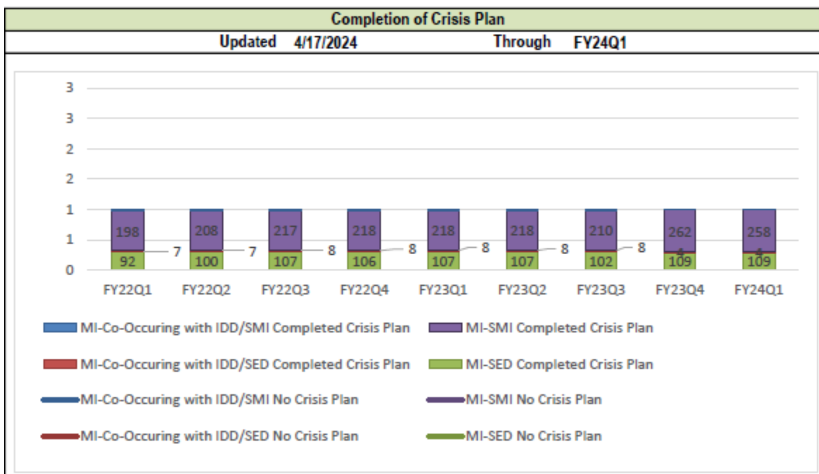
HARM IDENTIFICATION AND REDUCTION



Count of Reportable and Non-Reportable Adverse Events Per 1,000 Persons Served by BABH: There were six types of adverse events reported during FY24Q2; deaths (reportable and not reportable), emergency medical treatment due to self harm (reportable), emergency medical treatment due to injury or med error (reportable and not reportable), and arrests (not reportable). There were 12 deaths for FY24Q2 which is consistent with previous quarters. There was an increase in adverse events for FY24Q2 compared to FY24Q1, but overall, the total number was consistent with previous quarters. There does not appear to be any type of trend among these incidences, therefore, no specific actions are identified at this time.

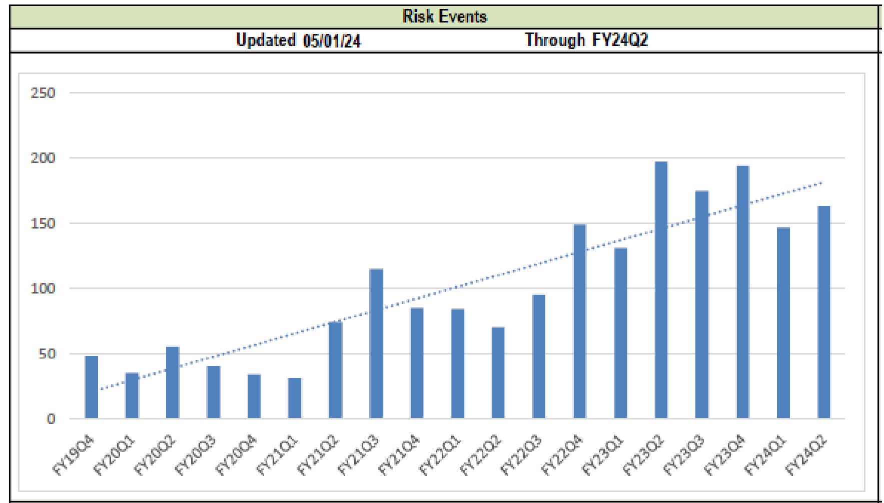


Reportable Behavior Treatment Events: The number of emergency physical interventions increased for FY24Q2, however, the overall number of interventions continues on a downward trend. There were 15 consumers that accounted for the 40 emergency physical interventions. There was one 911 call made for behavioral assistance for FY24Q2; the overall trend continues downward.



Completion of Crisis Plan: There was a consistent number of crisis plans completed for FY24Q1 compared to previous quarters for the MI-SMI and MI-SED populations.

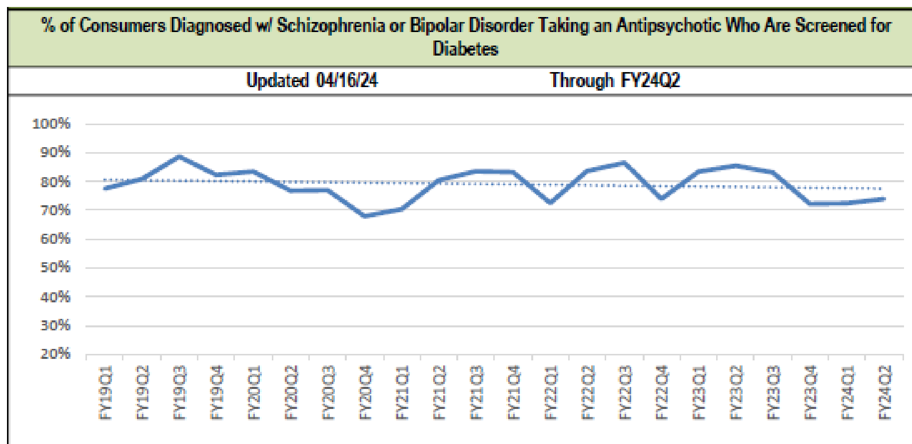
Risk Events: Risk events are identified as 'harm to self, harm to others, police calls for behavioral assistance, emergency physical interventions, and two or more hospitalizations.' The number of risk events increased during FY24Q2.



The Number of Days to Complete the Recipient Rights Investigation is Lower Than the Michigan Mental Health Code Standard of 90 Days: The Office of Recipient Rights has 90 days to complete an investigation. For FY24Q1, BABH averaged 47.1 days; well below the standard.

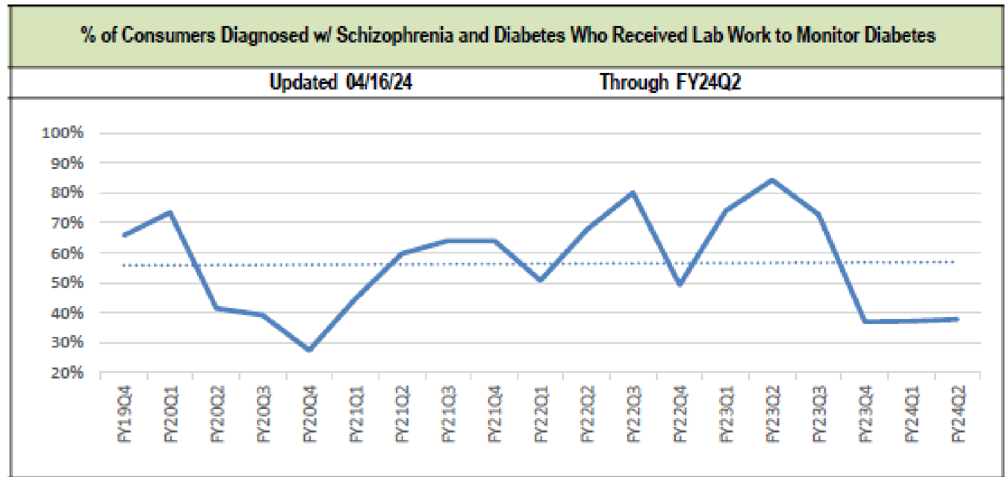
Abuse and Neglect Complaints Substantiated Have Remedial Action: Remedial action for FY24Q1 included written counseling, employee termination, training, and verbal counseling.

OUTCOMES



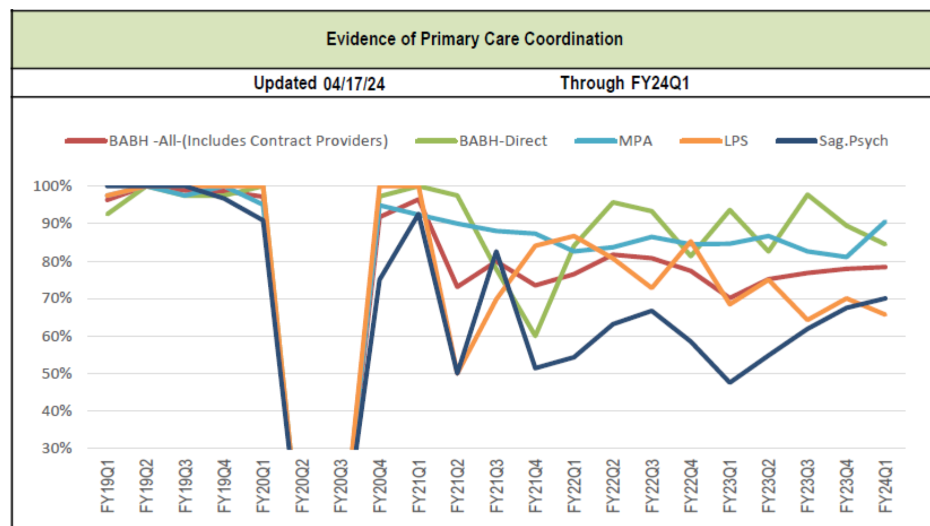
Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Diabetes: BABH had a slight increase in consumers receiving the appropriate labs for this measure during FY24Q1. BABH determined that actioning these alerts monthly was improving the compliance rate so monthly actioning was reimplemented in March 2024.

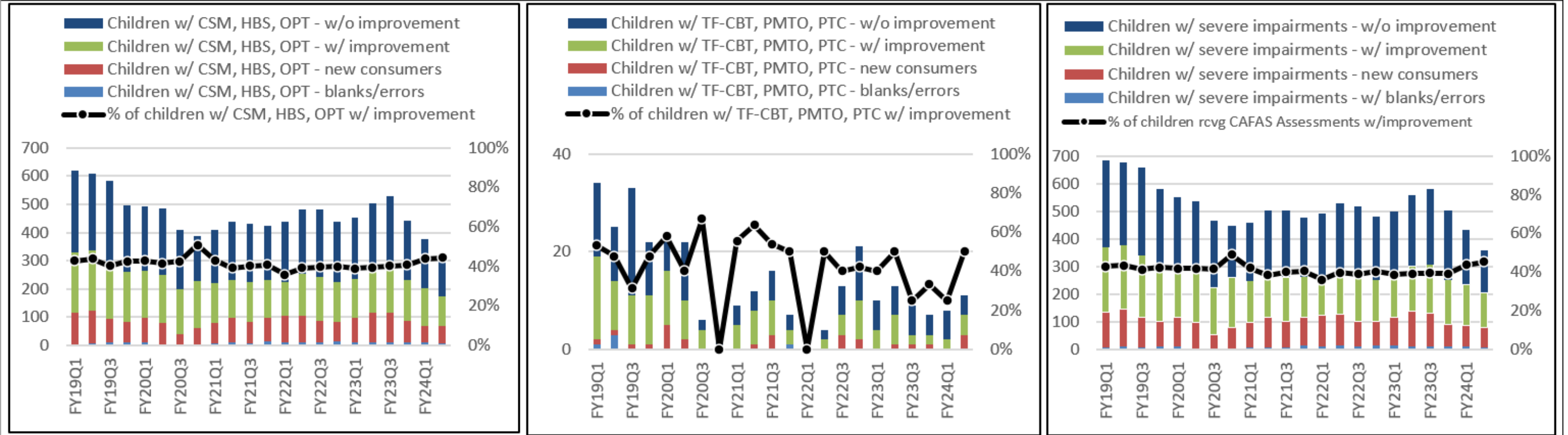
Consumers Diagnosed with Schizophrenia and Diabetes Who Received Lab Work to Monitor Diabetes: BABH had a slight increase in consumers receiving the appropriate labs for this measure during FY24Q1. BABH determined that actioning these alerts monthly was improving the compliance rate so monthly actioning was reimplemented in March 2024.



Consumers Diagnosed with Schizophrenia or Bipolar Disorder Taking an Antipsychotic Who Are Screened for Cardiovascular Disease: This measure was changed recently so BABH is working to identify a new indicator for measurement.

Evidence of Primary Care Coordination: BABH and the contract providers did not meet the 95% standard for having evidence of health care coordination during FY24Q1. Two contract providers did see an increase in compliance. There have been some barriers to using the Coordination of Care form in PCE, but these were addressed during FY24Q1 so we expect to see compliance increase.





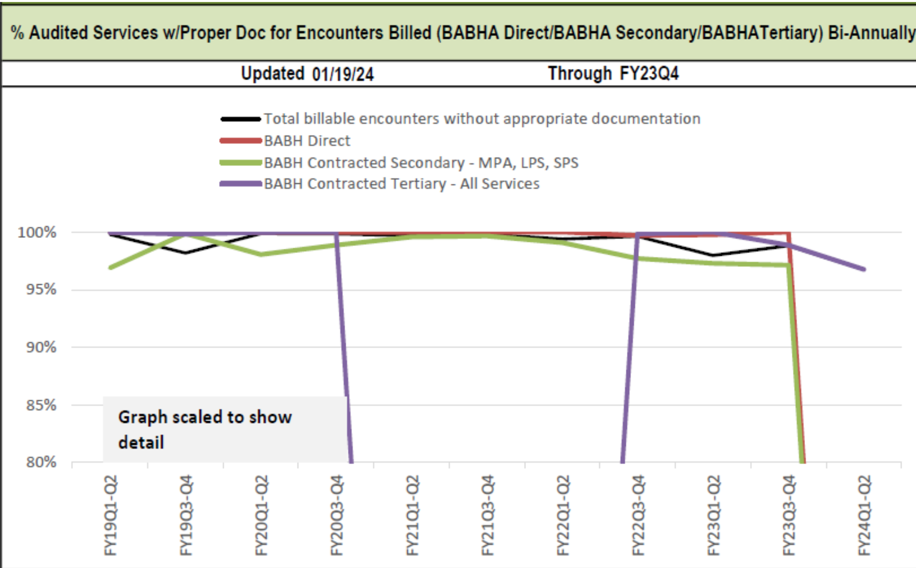
More Than 40% of Children Served Will Have Meaningful Improvement In Their Child and Adolescent Functional Assessment Scale (CAFAS)/Preschool and Early Childhood Functional Assessment Scale (PECFAS) Score: During FY24Q1, 44% of children showed meaningful improvement in their CAFAS/PECFAS scores, above the goal BABH set. This was the highest percentage since FY21Q1.

Quality of Care Record Reviews- Services Are Written In The Plan of Service Are Delivered At The Consistency Identified: 87% of the records reviewed during FY24Q2 received the level of services that were written in the plan which is below the 90% standard set by BABH. Staff of the records found to be out of compliance received education and training on the standard of providing services as written in the plan of service.

Quality of Care Record Reviews- All Services Authorized In The Plan of Service Are Identified Within the Frequency, Intervention, and Methodology Section of the Plan of Service, : 100% of the records reviewed during FY24Q2 had the services identified appropriately to match the services authorized which meets the 90% standard set by BABH.

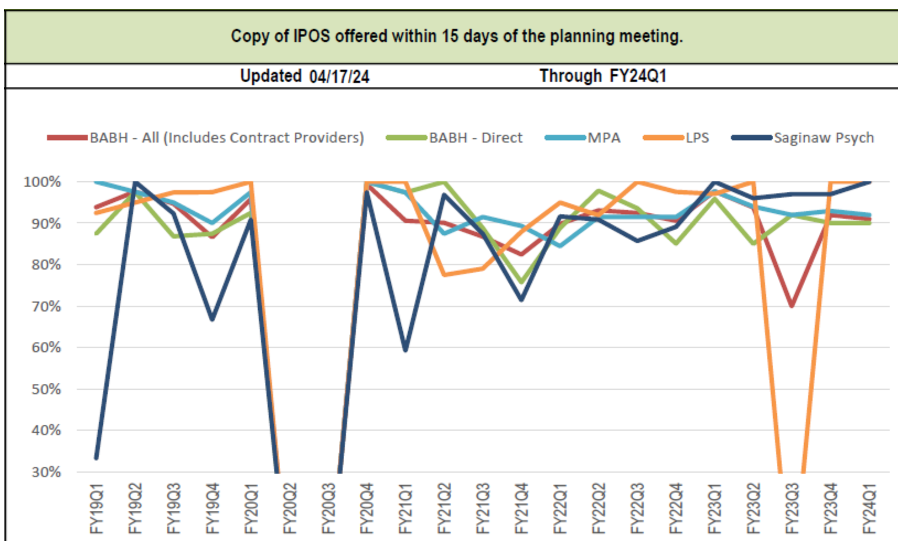
Develop Quarterly Reports to Increase the Quality Report and Outcomes Related To The Level of Care Utilization System (LOCUS): No update.

ACCESS TO CARE AND UTILIZATION MANAGEMENT



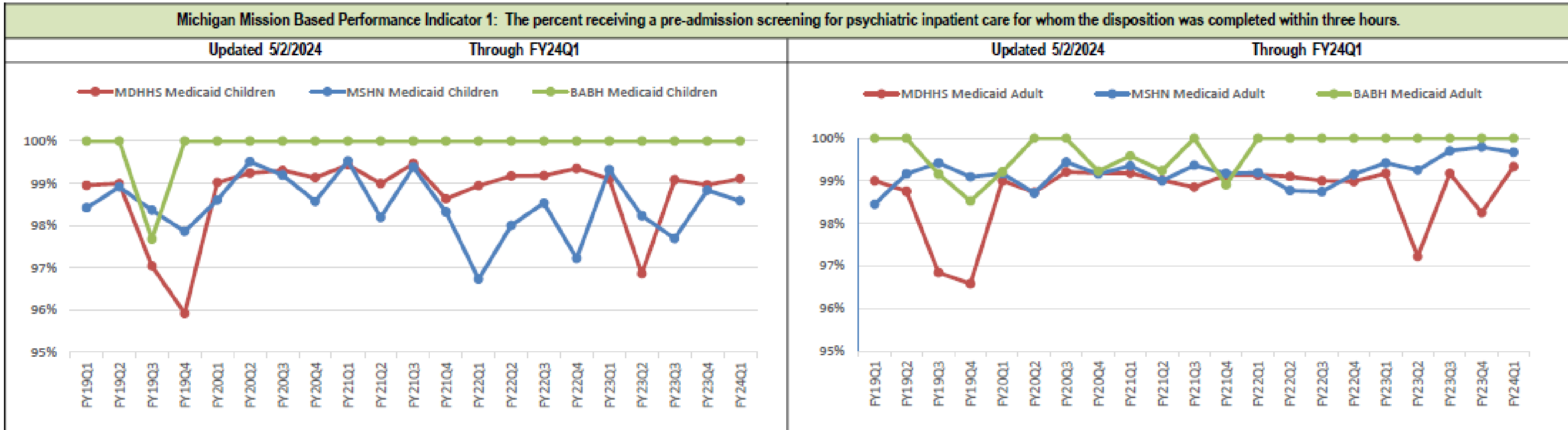
Audited Services with Proper Documentation for Encounters Billed: The overall total compliance for all ancillary services reviewed during FY24Q1 and FY24Q2 was above the 95% standard. These reviews included applied behavioral analysis, psychosocial rehabilitation, dietary, occupational therapy, speech and language, physical therapy, self-determination, and community living support providers. There were a total of 2,131 claims reviewed with only 69 errors resulting in a 96.8% compliance rate. The most common finding was that the documentation was not completed.

Increase Medicaid Event Verification (MEV) Reviews: BABH continues to increase the services audited by completing reviews of all specialized residential, community living support, vocational, primary, and autism providers. BABH also added self-determination, dietary, occupational therapy, speech and language therapy, physical therapy, and specialized residential providers where we are the county of financial responsibility reviews during FY24Q2. BABH also updated the MEV policy and procedure to include more frequent reviews of services determined to be higher risk such as community living supports (CLS).

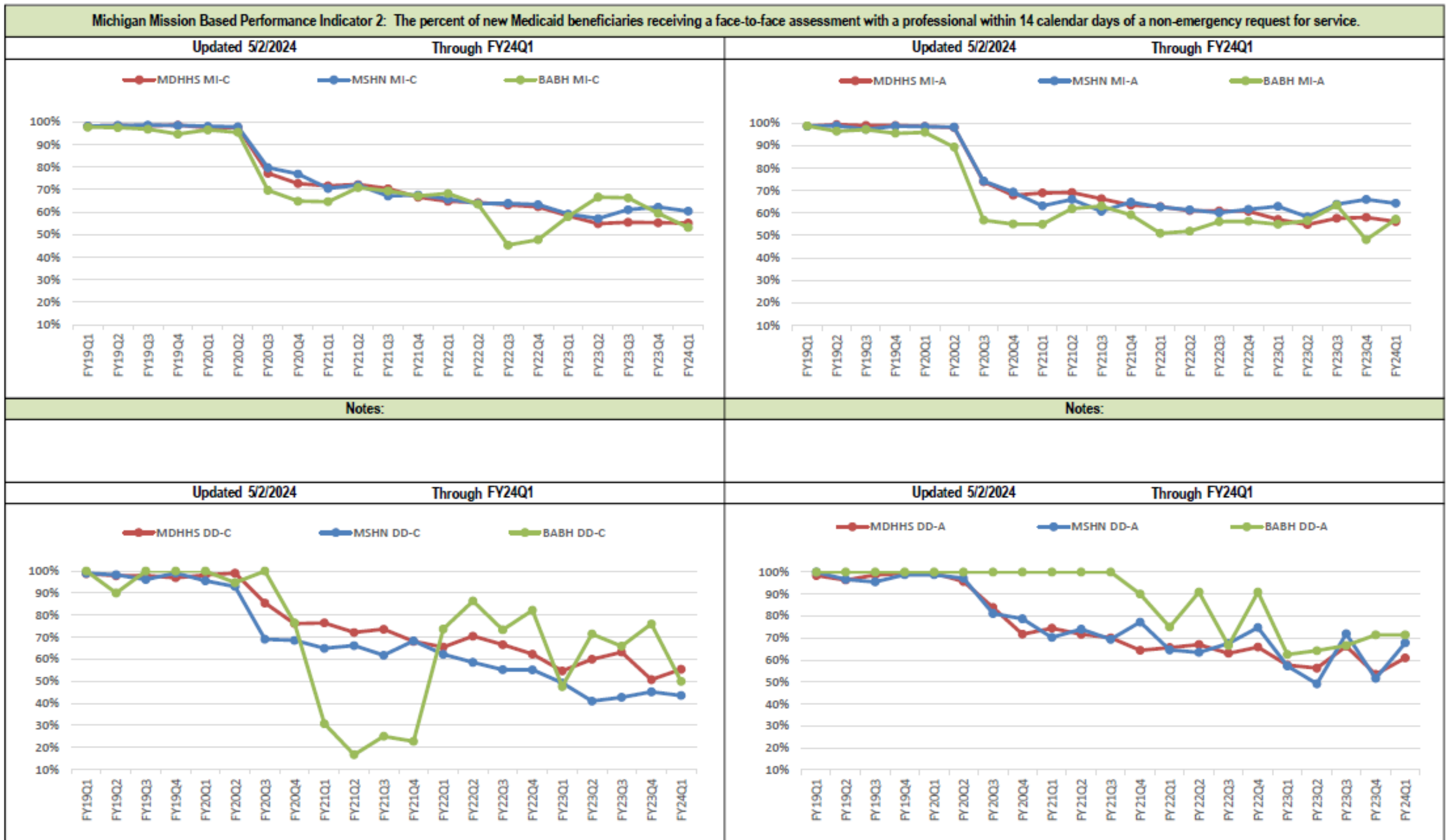


Copy of Plan of Service Offered Within 15 Days of Planning Meeting: Overall, the percentage of compliance for offering the plan of service within 15 days was consistent for FY24Q1 compared to FY23Q4. It was determined that staff are not always using the electronic health record completely so there is missing data and blanks. Quality Staff are working with providers to remind staff to complete all data elements related to the plan of service. One provider has not been using the data field correctly that resulted in a 100% compliance rate due to having only one record reviewed. Extra training and education has been provided.

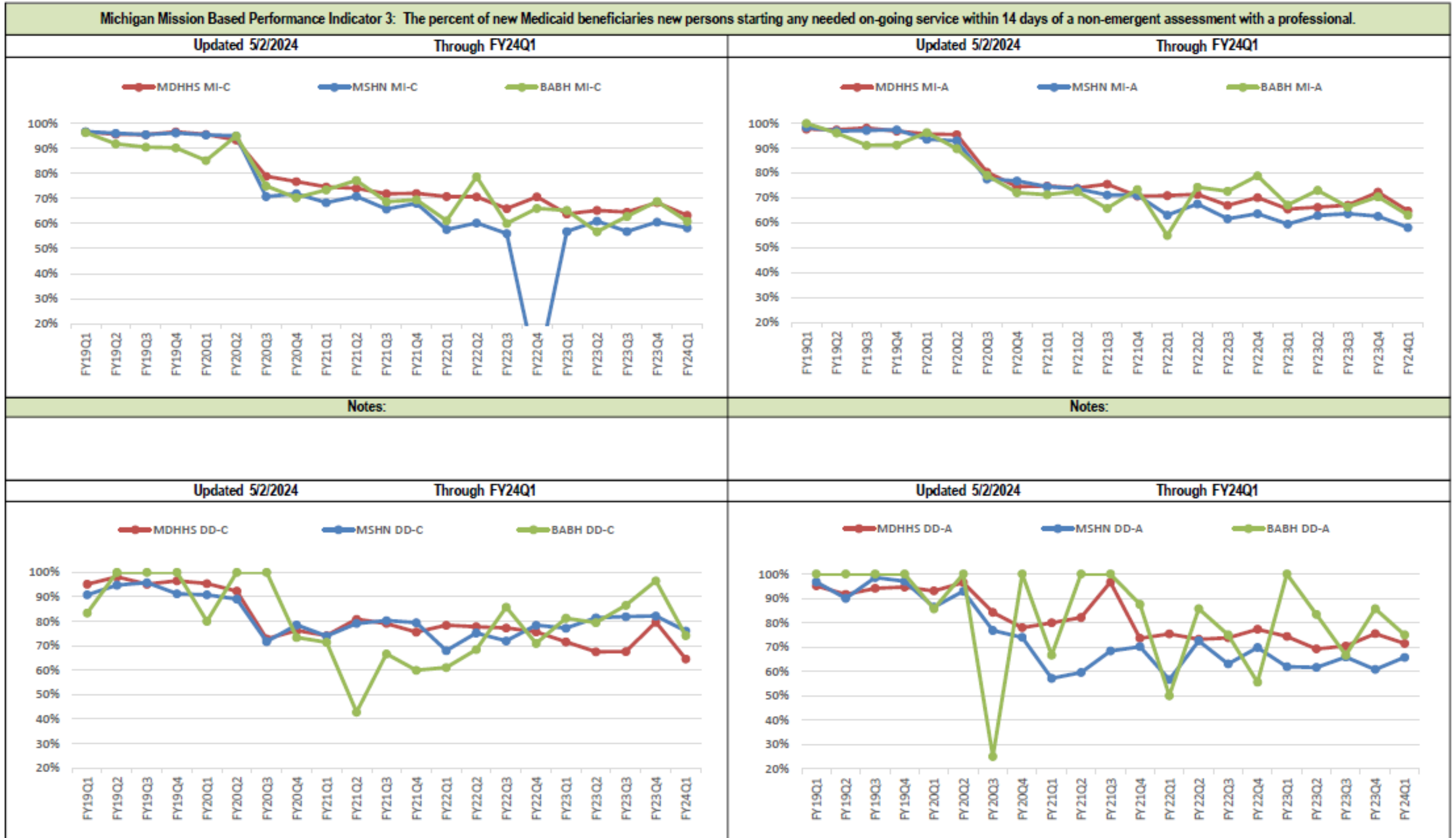
Michigan Mission Based Performance Indicator System (MMBPIS): Indicator 1 (The percent receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within 3 hours.): BABH demonstrated 100% compliance for Indicator 1 for both children and adult populations during FY24Q1. This was a higher rate of compliance than MSHN and MDHHS.



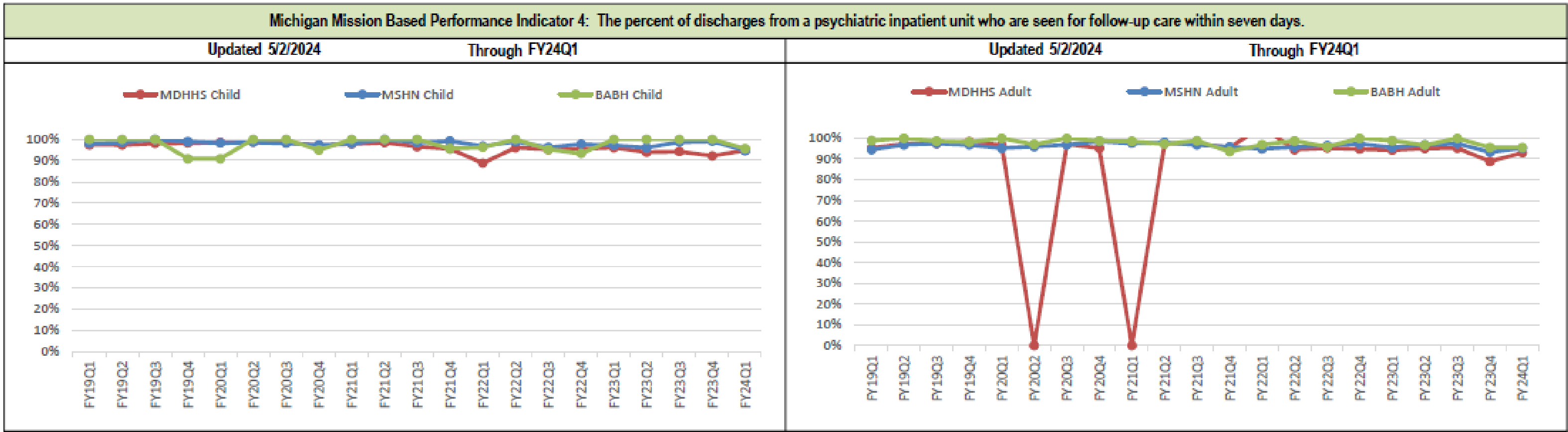
MMBPIS: Indicator 2 (The percent of Medicaid beneficiaries receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergent request for services.): BABH has consistent or higher compliance rates for DD-Child and DD-Adult when compared to the MSHN region and the Michigan Department of Health and Human Services (MDHHS). BABH was lower than MSHN for the MI-Child and MI-Adult population. BABH continues to make concerted efforts to improve engaging consumers in services such as working toward starting a consumer engagement group, expanding Clinical Assessment Specialist positions internally, and implementing Same Day Access.



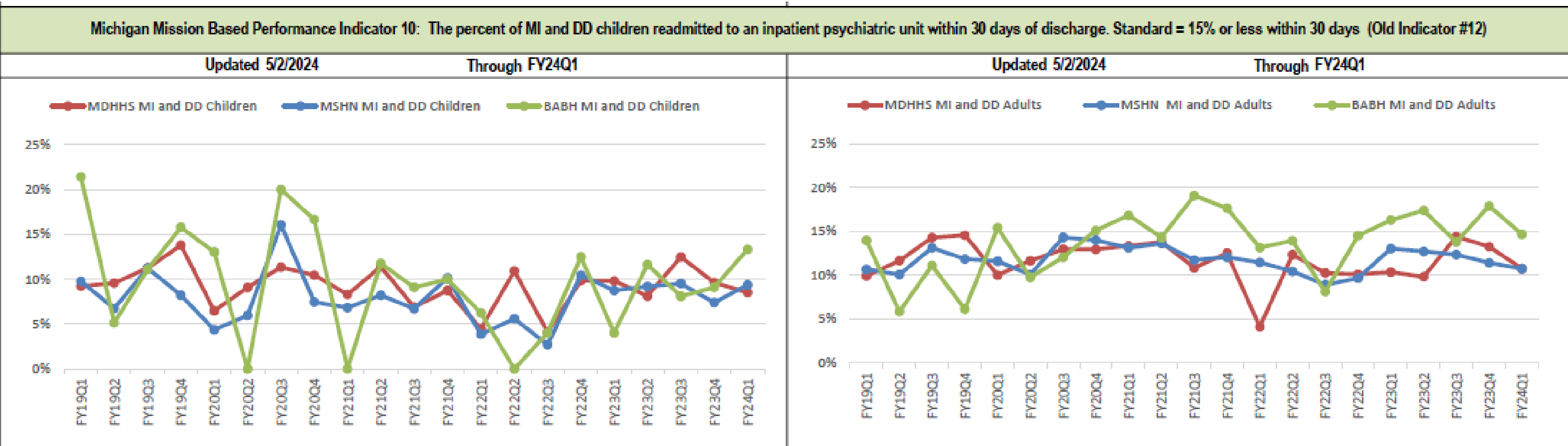
MMBPIS: Indicator 3 (The percent of Medicaid beneficiaries starting any needed ongoing service within 14 days of a non-emergency assessment with a professional.): BABH has consistent or higher compliance levels compared to MSHN and MDHHS for all population types. Most of those out of compliance were the result of consumer action.



MMBPIS: Indicator 4 (The percent of discharges from a psychiatric inpatient unit who are seen for follow-up within seven days.): The BABH Child and Adult populations had 95% compliance for FY24Q1 meeting the 95%. This is above or consistent with the MSHN region and MDHHS.



MMBPIS: Indicator 10 (The percent of beneficiaries readmitted to an inpatient psychiatric unit within 30 days of discharge.): BABH met the compliance rate for the child and adult populations for FY24Q1 (both populations below 15%). This was a higher rate of readmission compared to MSHN and MDHHS.



Reduction of Inpatient Hospitalization Days for FY23: BABH had 6,115 inpatient hospitalization days during FY22 and 8,385 FY23. This was an increase of 2,270 inpatient hospitalization days during FY23 which did not meet the goal of an overall reduction. Further analysis determined that over the past couple of months consumers have been staying significantly longer than the 5-7 day average. The Emergency Access Service department is looking into specific individuals to determine other trends and factors.

STAKEHOLDER PERCEPTIONS

Adults and Children Indicating Satisfaction on Survey: During the FY23 satisfaction survey period, 94% of adults and 95% of children expressed a general satisfaction with services. BABH had a goal of 80% satisfaction so this greatly

surpassed the FY23 goal. Additionally, both the adult and child population increased in satisfaction for FY23 compared to FY22.

Provider Survey: All the statements except one on the provider survey received over the 85% standard. Overall, scores have been decreasing since 2020. Eight of the questions scored lower in 2023 compared to 2022. BABH leadership identified corrective action steps to implement.

Behavior Treatment Survey: This survey report is completed annually at the end of each calendar year. The results from 2023 showed a 100% satisfaction rate for the seven surveys returned.

Prepared by: Sarah Holsinger, LMSW, CAADC – Quality Manager Date: May 3, 2024

Corporate Compliance Plan

2024

APPROVALS

Corporate Compliance Committee: 5/13/24
Strategic Leadership Team: _5/21/24__
Full Board Approval Date: _____

Contents

Statement of Purpose 1
Definitions 1
Policies, Procedures, Standards of Conduct 2
  Regulatory Compliance 2
  Medical Records 2
  Prohibited Affiliations 3
  Privacy and Security 3
  Standards of Conduct/ Operating Philosophy and Ethical Guidelines 4
    Ethics Committee 4
  Program Integrity Requirements for Clinical Contracted Service Provider Organizations 5
Compliance Officer and Compliance Committees 5
  Corporate Compliance Officer 5
  Corporate Compliance Committees 7
Training and Education 8
  Board of Directors 8
  Employees 8
  Supervisors 9
  Contracted Service Providers 9
  Corporate Compliance Officer, Security Officer, Privacy Officer, CC Committee 9
Lines of Communication 10
Disciplinary Guidelines 11
  Employees 11
  Contracted Service Providers 12
Monitoring and Auditing 13
  Environmental and Risk Assessments 14
Response and Corrective Action 15
  Investigations 15
  Corrective Action 15
    Claims/Over-Payment Recoupment and Voiding of Encounters 16
    Other Corrective Action and Enforcement 16
Compliance Reporting 16
  Employee/ Contracted Service Provider Guidance and Reporting 16
  External Reporting 17
    Reporting of Overpayments 18
    Medicaid Eligibility 18
    Provider Disenrollment 18
Evaluation of Program Effectiveness and Program Priorities 18

Statement of Purpose

It is the policy of the Bay Arenac Behavioral Health Authority (BABHA) Board of Directors to have a Corporate Compliance (CC) Plan in effect, as stated in BABHA policy and procedure C13-S02-T18 Corporate Compliance Plan. The CC Plan is in place to guard against fraud and abuse, and to ensure that appropriate ethical and legal business standards and practices are maintained and enforced throughout BABHA[1].

The BABHA Corporate Compliance Plan ensures the integrity of the system in which BABHA operates and the culture in which it is served is maintained at the highest standards of excellence, with a focus on business and professional standards of conduct compliant with federal, state and local laws, including confidentiality, compliance with reporting obligations to the federal and state government, and promotion of good corporate citizenship, prevention and early detection of misconduct.[2]

The BABHA Corporate Compliance Plan is reviewed and updated annually.

Definitions

Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or failure to meet professionally recognized standards for healthcare.

Contracted Service Provider means an individual who has a contractual agreement with BABHA to provide behavioral health clinical or administrative goods or services to BABHA or its consumers, or an organization with such a contract.

CEO means Chief Executive Officer of Bay-Arenac Behavioral Health Authority.

CC is an abbreviation for Corporate Compliance.

CCO- or CC Officer~~Officer~~ means Corporate Compliance Officer.

Fraud: An intentional deception or misrepresentation by a person that could result in unauthorized benefit to him/herself or some other person. Includes any act that constitutes fraud under applicable Federal or State laws.

Individual Practitioner means a licensed professional engaged with BABHA through either an employment contract or as a Contracted Service Provider, providing health care services for consumers consistent with their licensure.

Privacy Officer means the individual assigned the responsibility for overseeing the ongoing development of privacy related operations.

PHI is an abbreviation for Protected Health Information, which is comprised of several types of confidential consumer treatment information which is defined as protected under the Healthcare Improvement Portability and Accountability Act.

Security Officer means the individual assigned the responsibility for overseeing the ongoing development and management of security related technological operations.

[1] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)
[2] CARF Standards: Section 1 Aspire to Excellence: E Legal Requirements: Standard 1

Waste: Overutilization of services, or other practices that result in unnecessary costs. Generally, considered not caused by criminally negligent actions, but rather the misuse of resources.

Policies, Procedures, Standards of Conduct

BABHA has established written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with applicable Federal and State standards, including but not limited to the False Claims Act (31 USC 3729-3733, the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005), the Michigan Whistleblowers Protection Act (PA 469 of 1980) and the federal Whistleblower Protection Act of 1989, 5 U.S.C. 2302(b)(8)-(9).[3]

The policies have been approved by the BABHA Board of Directors in accord with Federal Program Integrity requirements, the MI Dep't of Health and Human Services Medicaid Manual and the Medicaid Managed Specialty Supports and Services Contract.

Regulatory Compliance

BABHA maintains a list of Federal and State laws and regulations, and contractual requirements with which the organization must comply (see attachments). The list is maintained on the BABHA group drive by the CCO ~~Officer~~. The BABHA Corporate Compliance Committee has a regular monitoring process for review and disposition of new and changing regulatory requirements. The membership of the BABH Corporate Compliance Committee ~~facilitate~~facilitates communications and preparations for compliance with new and revised regulatory and contractual requirements.

In 2023, t~~T~~he Corporate Compliance Committee identified a weakness in BABHA's regulatory compliance process regarding confirming changes in policies and procedures that are made to comply with regulatory changes are fully actualized. The Committee worked~~is working~~ with agency leadership to add post-implementation evaluations to ensure full vertical integration of policy and procedure changes. The Committee also determined improvements in the applicability section of the policy and procedure template are needed to provide more clarity regarding who needs to be educated regarding the document. Agenda items on the Leadership Meeting have been added to include regulatory items. Policy and Procedure changes are presented to the staff through Relias and for Providers they are posted on the website. At the Provider Network and Quality Management Committee (PNOQMC) a reminder of the policies that have been updated will be included on the Agenda.

Medical Records

BABHA maintains an electronic record keeping system to ensure documentation of services delivered is maintained in a manner that is consistent with the provisions of the Michigan Medical Services Administration Policy Bulletins and the Michigan Medicaid Manual, and appropriate state and federal statutes. BABHA requires clinical service delivery records to document the quantity, quality, appropriateness and timeliness of services provided. Clinical contracted service providers (including Individual Practitioners) are required to either utilize the BABHA electronic medical record keeping system or establish and maintain a separate comprehensive individual service record system. At a minimum clinical contracted service providers are required to scan key documents into the BABHA electronic health record (EHR).

[3] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(i)

BABHA policy and procedure C04:S10:T01 Clinical Documentation, C13-S01-T20 Designated Record Set, and C04:S10: T02 Signatures outlines specific BABHA record keeping standards. BABHA policy and procedure C13-S02-T03: Document Retention and Disposal outlines BABHA's strategies to comply with retention schedules in place by the State of Michigan.

Prohibited Affiliations[4]

BABHA has an active program to protect the organization from knowingly having a relationship with individuals debarred, suspended or otherwise excluded from participation in Federal procurement activities and healthcare programs such as Medicare.[4] The program also ensures BABHA does not knowingly have relationships with individuals excluded from participation in Medicaid, or any other state healthcare program.

BABHA policy and procedure C13-S02-T11 Prohibited Affiliations and Backgrounds outlines BABHA's monitoring and response program. The program covers BABHA's Board of Directors, CEO and employees, as well as contracted service providers (including Individual Practitioners), as well as selected vendors and suppliers.

Federal exclusion/ debarment registries are checked monthly for BABHA Board of Directors, Officers (i.e., senior managers), employees, individual professionals and clinical contracted service provider organizations, CEO's and key prescribers. BABHA also checks selected non-clinical vendors with significant transactions with BABHA and declared co-owners of contracted service provider organizations as appropriate.

BABHA contracts with a vendor to facilitate reviews of the registries monthly. BABHA requires providers to declare ownership and control interests and monitors these individuals concurrently with the providers and BABHA personnel.

Members of the BABHA Board of Directors, the BABHA CEO and new employees sign attestations of their compliance with these requirements and commit to notifying BABHA of any changes in status including criminal convictions. BABHA also requires employees to complete an annual attestation which confirms they have not acquired a criminal conviction during their employment that has not been reported to Human Resources.

Clinical contracted service provider organizations are required to perform initial and monthly checks for exclusion/debarment and criminal convictions for their employees and relevant subcontractors, if any. BABHA confirms these practices are in place during site reviews of contracted clinical service providers.

Criminal background checks are completed for BABHA employees upon hire and every two years thereafter. Abuse registry checks are completed for BABHA employees serving children. Contracted service providers are required to comply with the criminal background checks and abuse registry checks for providers that serve children. Specialized residential providers are further required to obtain fingerprint-based background checks.

Privacy and Security

BABHA has policies and procedures in place to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) for confidentiality of health care records, as well as 42 CFR PART 2 for confidentiality of any substance abuse treatment program records maintained by BABHA, and state laws governing the confidentiality of mental health and substance use disorder (SUD) treatment records and HIV/AIDS information. The policies and procedures cover protected health information (PHI) and substance use disorder treatment information generated, received, maintained, used, disclosed or transmitted by BABHA and selected contracted service providers (including Individual Practitioners).

[4] Managed Care Rules: 438.610 Prohibited Affiliations

BABHA's Agency Manual Chapter 9, Information Management, contains the organization's HIPAA Security, Transaction and Code Set Rule compliance strategies. Privacy and confidentiality strategies are addressed in Chapter 13, Corporate Compliance, Section 1.

BABHA's policy and procedure C13-S01-T18 Business Associates outlines which types of service providers, including health care service providers, and non-health care vendors and suppliers, who meet the definition of a Business Associate (BA) of BABHA. The BABHA Contract Manager and Finance Assistant work with the Privacy Officer to ensure BA Agreements are in place where required.

Standards of Conduct[5]/ Operating Philosophy and Ethical Guidelines

BABHA has written Standards of Conduct and Operating Philosophies/Ethical Guidelines for employees and Individual Practitioners to clearly delineate BABHA's institutional philosophy and values concerning compliance with the law, government guidelines and ethical standards applicable to the delivery of behavioral health care.

The BABHA Director of Human Resources prepares and reviews/ revises the Standards of Conduct/ Operating Philosophy and Ethical Guidelines, as appropriate. The Standards of Conduct/Operating Philosophy and Ethical Guidelines are submitted to the Strategic Leadership Team, CEO and BABHA Board for consideration and approval.

A copy of the Standards of Conduct/Operating Philosophy and Ethical Guidelines is distributed to all employees as part of the new employee orientation process and is also available to staff on the BABHA intranet site. It is posted for contracted service providers through the provider section of the BABHA website. Changes to the Standards are communicated to all staff via the policy/ procedure/ plan educational system.

Ethics Committee

BABHA operates an Ethics Committee chaired by the Recipient Rights/Customer Service Manager, which is a sub-committee of the BABHA Corporate Compliance Committee. The Ethics Committee is responsible for serving as a forum for the review and analysis of ethical dilemmas. The Committee also oversees BABHA standards for ethical conduct, including establishing policies and procedures to enhance the organization's responsiveness to internal and external customers with respect to the ethical dimensions of managing, coordinating, and providing community-based behavioral health services. The Ethics Committee is responsible for promoting staff understanding of ethical concerns in contemporary behavioral health care, including ongoing education.

The Ethics Committee is comprised of representatives from the major departments and programs of BABHA, as well as subject matter experts, internal and external to the organization. The Ethics Committee reports through the Corporate Compliance Committee. The Recipient Rights/Customer Service Manager has direct access to the CEO to address issues that overlap with personnel management and the Corporate Compliance Officer in the event of ethics issues that coincide with corporate compliance concerns.

The Ethics Committee meets twice per year, with additional meetings called on an ad hoc basis as needed for case review. Employees can submit an ethical question for consideration by the Committee. An Ethicist from a local university is on contract for consultation with the Committee as needed.

Duties of the Committee include but are not limited to:

- Assisting with annual updates of the BABHA Standards of Conduct/Operation Philosophy and Ethical Guidelines as appropriate.

[5] Managed Care Rules: 438.608 (a)(1)(i) Program Integrity Requirements

- Concerns raised by staff and leadership of BABHA that are not determined to involve regulatory compliance will typically involve a conflict of interest or ethical dilemma. The Ethics Committee is responsible for serving as a forum for review and analysis of ethical dilemmas. The Committee analyzes ethical dilemmas, consults with an Ethicist as necessary, and provides feedback/ recommendations to the individual who submitted the issue for consideration.
- Assisting the Director of Human Resources with overseeing BABHA standards for ethical conduct, including establishing policies and procedures to enhance the organization's responsiveness to internal and external customers with respect to the ethical dimensions of managing, coordinating, and providing community-based behavioral health services.
- The Ethics Committee is responsible for promoting staff understanding of ethical concerns in contemporary behavioral health care, including ongoing education.

Program Integrity Requirements for Clinical Contracted Service Provider Organizations

BABHA requires clinical contracted service providers to adhere to Federal and State requirements regarding guarding against fraud and abuse, and complying with applicable regulatory requirements and standards, as outlined in BABHA policy and procedure C13-S02-T16 False Claims.

Clinical contracted service provider organizations are required to implement and maintain written policies, procedures and standards of conduct, appropriate to the type and scale of the Provider agency, that articulate the organization's commitment to comply with federal and state program integrity requirements, including provisions for monitoring for exclusion and debarment from participation in state and federal health care programs.[6]

The required program integrity elements are communicated to the providers through contractual requirements. Compliance by contracted service providers is monitored by BABHA during site reviews.

Compliance Officer and Compliance Committees

The BABHA CEO has designated a Compliance Officer[7]. The BABHA Board of Directors has established a regulatory Compliance Committee and the CEO has a regulatory Compliance Committee at the senior management level.[8]

Corporate Compliance Officer

The CEO appoints the Corporate Compliance Officer. The CC Officer has the authority to address compliance concerns directly with the Chair of the BABHA Board of Directors, and the Health Care Improvement and Compliance Committee of the Board of Directors. The CC Officer has direct access to the BABHA Chief Financial Officer for consultation, as well as to specialized legal counsel of BABHA.

The CC Officer is responsible for the following:

- Developing and operating the CC Program; reviewing/ revising the CC Plan annually as necessary to meet changes in the regulatory and business environment;

---

[6] Managed Care Rules: 438.608(a)(6)
[7] Managed Care Rules: 438.608(a)(1)(ii)
[8] Managed Care Rules: 438.608(a)(1)(iii)

- Reviewing and revising as necessary BABHA policies, procedures and practices governing corporate compliance, privacy and confidentiality; and ensuring the Security Officer reviews and revises as necessary BABHA policies and procedures governing security;
- Chairing the CC Committee or appointing a designee; and maintaining meeting records;
- In consultation with the CC Committees as needed, preparing and implementing an education plan, to include Board members, senior management, all other employees and contracted service providers (including Individual Practitioners), as appropriate; including performance of new employee orientation;
- Identifying new Federal and State Acts, Regulations or Advisories relative to corporate compliance, fraud and abuse prevention, privacy, security and identity theft for which BABHA must comply; monitoring the environment to identify other regulatory requirements that may impact BABHA; reviewing, analyzing and assisting with the development of strategies to comply.
- Maintaining effective lines of communication, including monitoring and responding to calls received on the Corporate Compliance Hot-Line or via other methods of communication;
- In conjunction with the CC Committee, establishing a system and schedule of routine monitoring activities (see Attachments for Monitoring Plan) and ensuring follow-up activities are completed;
- In conjunction with the CC Committee, ensuring HIPAA Security and Fraud/ Abuse compliance risk assessments are conducted in accord with the monitoring plan and findings are addressed;
- In conjunction with the CC Committee, complete an evaluation of the effectiveness of the compliance program;
- Promptly investigating potential compliance and privacy issues discovered through monitoring/auditing activities and disclosures by employees and contracted service providers (including Individual Practitioners); includes mitigation and remediation; maintaining investigative files; in conjunction with the Corporate Compliance Committee, determining if root causes analyses are warranted; ensuring the Security Officer promptly investigates, mitigates, remediates and reports as required any security incidents;
- Working with the CFO to ensure prompt repayment of any overpayments identified through the corporate compliance program, including suspension of payments;
- Communicating reportable fraud/ abuse issues to payers, and federal and state authorities prior to investigation as required; act as liaison to payers and state authorities for compliance and privacy issues, and oversee the activities of the Security Officer in doing the same for security issues;
- Maintaining a log of compliance issues, whether substantiated, and remedial actions;
- Maintaining breach logs and reporting to HHS and regional/state payers as required on an annual basis;
- Working with legal advisers as necessary to develop and issue HIPAA Privacy Notices for use by BABHA Clinical programs and contractors;
- Working with legal advisers (as necessary) and BABHA contract management to develop and issue Business Associate Agreements;
- Ensuring disclosures of protected health information are logged by Medical Records staff as required by HIPAA; and
- Prepare and complete reports to the CEO, BABHA Board of Directors, Mid-State Health Network, and Corporate Compliance Committee on the activities of the CC Program.

Corporate Compliance Committees[9]

The BABHA Board of Directors Health Care Improvement and Compliance Committee (HCICC) is the compliance committee of the Board. HCICC's duties include overseeing the BABHA Corporate Compliance Program by reviewing and approving the BABHA Corporate Compliance Plan and receiving regular reports of organizational activities to guard against fraud and abuse. The Corporate Compliance Officer formally reports on Corporate Compliance Program activities to the BABHA Board of Directors at least once per year with monthly updates provided at each meeting.

The BABHA Board of Directors also has an Audit Committee, which helps ensure the fiscal integrity of the organization through internal controls and practice up to and including inspection of disbursements, paid health care claims and financial statements. The Committee also arranges for an independent audit, review the Financial Statement and Compliance Audits and recommend appropriate actions.

In addition to the Board Committees and the Ethics Committee, BABHA operates an internal Corporate Compliance Committee (CCC) comprised of members of senior management and key subject matter experts. The Committee is chaired by the Corporate Compliance Officer. The BABHA Finance Manager backs up the CC Officer as Chair of the CCC if needed. The Corporate Compliance Committee is responsible for all matters related to the legal and regulatory requirements of BABHA operations as it relates to contractual compliance, HIPAA privacy and security, and guarding against fraud and abuse of state and federal healthcare funds.

Duties of the Committee include but are not limited to the following:

- Assist the CC Officer in the ongoing development and operation of the CC Program,
- Perform fraud and abuse risk assessments and compliance program evaluations, identify focus areas, conduct any necessary audits and self-review, and develop compliance program improvement priorities,
- Assess existing policies and procedures in the identified risk areas for incorporation into the CC Program and develop new policies and procedures as needed,
- Assist the CC Officer with systems level remediation and mitigation of substantiated compliance issues, where appropriate, including performing informal root cause analyses where warranted,
- Assist in the monitoring of new laws and regulations and the development of strategies to comply,
- Assist with the review of internal and external monitoring and auditing activities to ensure that efforts are appropriate to provide assurance of compliance,
- Ensure routine monitoring occurs as scheduled and findings are responded to, as assigned to the Committee via the Corporate Compliance Plan.

Committee membership is comprised of the following staff roles within the organization:

- HIPAA: Security and Privacy Officers
- Finance (including Claims) Management: Chief Financial Officer, and Finance Manager (who also acts as the back-up the CCC Chair)
- Regulatory Compliance and Accreditation: Corporate Compliance Officer, Quality Manager, Medical Records Associate(s) (ad-hoc member(s)), Quality/Compliance Coordinator(s) (ad-hoc member(s)) and Secretary (Committee Recorder)
- Contracting: Contract Manager
- Clinical Practices: Directors of Integrated Care, Clinical Practice Manager (ad-hoc member)
- Ethics and Personnel: Director of Human Resources

[9] Managed Care Rules: 438.608(a)(1)(iii)

- Recipient Rights: Customer Service/ Recipient Rights Manager

The Committee reports through the BABHA Corporate Compliance Officer to the Medical Director and CEO. The CC Committee meets 10-12 times per year. Meeting records are maintained by the Secretary member of the Committee.

Training and Education

BABHA has established an effective training and education program for its Board of Directors, senior managers, Compliance and HIPAA officers, employees, and clinical contracted service providers (including Individual Practitioners)[10]. All training is documented via employee training records, various meeting records and Corporate Compliance Activity Reports. The current BABHA Corporate Compliance Education Plan is attached to this document. The Corporate Compliance Officer maintains a Corporate Compliance Education Log, which is also attached.

Training of personnel and contracted service providers is required under the Deficit Reduction Act of 2005 Section 6032: Employee Education About False Claims Recovery. BABHA is required to attest to the State each year that training has been completed.

Board of Directors

The Board of Directors receives education on corporate compliance requirements annually, including information about fraud and abuse, conflict of interest, and how to report compliance concerns. The Board of Directors does review and approves the Corporate Compliance Plan each year. Contemporary compliance issues, such as new Medicaid and Medicare regulations, Office of Inspector General work plans, and federal/state compliance program standards are included on the Board of Directors Health Care Improvement and Compliance Committee agendas as warranted to keep the members abreast of changes in the compliance environment.

Employees[11]

New employees are oriented to the compliance program and privacy/ confidentiality requirements within 30 days of hire. All employees receive an annual corporate compliance and privacy/ confidentiality training update. Training content includes Standards of Conduct/Operating Philosophy and Ethical Guidelines and appropriate reporting mechanisms (e.g., the Corporate Compliance “Hot-line”, etc.). Employee orientation and training updates also cover the False Claims Act (31 USC 3729-3733), the elimination of fraud and abuse in Medicaid provisions of the Deficit Reduction Act of 2005; and the Michigan Medicaid False Claims Act (PA 72 of 1977, as amended by PA 337 of 2005), the federal False Claims Act (31 U.S.C. §§ 3729–3733) and the Michigan Whistleblowers Protection Act (PA 469 of 1980). Training content is updated regularly to reflect relevant content from the BABHA Corporate Compliance Plan, and any systems issues identified during fraud, abuse and privacy investigations.[12] The Security Office likewise incorporates security related findings into the annual BABHA Information Management Strategic and Operational Plan.

As compliance or privacy/ confidentiality concerns arise throughout the year or as they are identified as through priorities defined in the BABHA CC Plan, educational communications are issued to employees. This includes

[10] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(iv)
[11] CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7
[12] CARF Section1: Aspire to Excellence; Section A Leadership; Standard 7 (requires training of personnel on the corporate compliance plan)

intranet site announcements, and discussion of topics at Strategic Leadership Team meetings, or Agency Leadership Meetings.

Supervisors

BABHA has determined the compliance program would be strengthened by providing specialized program integrity training for supervisors and managers. This training is ~~would be~~ in addition to the standard employee orientation and training. ~~The training will focus on what supervisors should be watching for as indicators of the presence of potential fraud or abuse, and the importance of monitoring processes for regulatory compliance.~~ This training has been developed and implemented in 2023-2024. In addition, periodic training for supervisors has been sent out via email throughout the year and the CC Officer has met in person with new Supervisors when they are hired. The training focus is~~will focus~~ on what supervisors should be watching for as indicators of the presence of potential fraud or abuse, and the importance of monitoring processes for regulatory compliance.

Regulatory compliance has also been added to BABHA Leadership meeting agendas to ensure supervisors and managers are kept up to date on compliance issues and regulatory changes.

Contracted Service Providers[13]

Individuals (including Individual Practitioners) who are contracted with BABHA to provide clinical services receive an orientation to the BABHA Compliance Program and the Operating Philosophy and Ethical Guidelines. They sign an attestation to the completion of the orientation.

Clinical contracted service provider organizations are kept abreast of relevant current risk areas and trends as necessary via email communications and discussion during periodic primary, Community Living Support (CLS)/residential, autism provider, and vocational provider meetings. An annual training is completed by the BABHA Corporate Compliance Officer for primary clinical contractors, vocational, autism and CLS/residential service providers.

The following training and resource materials on Corporate Compliance, Privacy/Security and other topics, as well relevant BABHA policies and procedures are posted to the BABHA website in a Provider section for access by contracted service providers:

- Corporate Compliance Plan
- Compliance Hotline Poster for Providers
- Operating Philosophy and Ethical Guidelines
- Corporate Compliance, Privacy and Security Policies and Procedures
- Provider Training on Corporate Compliance for Subcontracted Mental Health Service Providers
- Provider Training on Privacy and Security for Subcontracted Mental Health Service Providers
- Documentation Requirements Guide

Corporate Compliance Officer, Security Officer, Privacy Officer, CC Committee

The Corporate Compliance Officer, HIPAA Officers and various other senior managers and key staff of BABHA subscribe to Federal and State list-serves which provide alerts regarding emerging regulatory requirements. BABHA also takes advantage of available governmental guidance and technical websites for the operation of Medicaid and Medicare program integrity programs and maintenance of HIPAA regulatory compliance.

[13] CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 6

BABHA contracts with legal counsel with extensive healthcare experience and seeks opinions and other educational guidance regarding general compliance and privacy issues.

BABHA is a member of the Health Care Compliance Association and receives the newsletters and magazine. The Officers attend conferences and webinars on compliance, security, and privacy concerns as available and if cost effective. BABHA has identified the following training opportunities:

- US Dep't of Health and Human Services Office of Inspector General Compliance Resource Portal Provider Compliance Resources and Training materials
- Health Care Compliance Association web and regional conferences
- The Community Mental Health Association of MI, Improving Outcomes Conference sessions

BABHA is a member of the Regional Compliance Officers group for MSHN which offers a venue for communication of MI Office of Health Services Inspector General guidance regarding preventing and detecting fraud and abuse.

The Corporate Compliance Committee stays informed by reviewing changes to program integrity regulations for Medicaid, Medicare and other state health care programs, federal Office of Inspector General's Compliance Work Plans and federal program integrity guidance materials.

Lines of Communication

Effective lines of communication are in place between the compliance officer and the organization's employees[14]. BABHA operates a hot-line for consumer, employee, provider and contracted service provider reporting of compliance and privacy/ security concerns. BABHA's policy and procedure C13-S02-T01 Internal Reporting (Hot-LINE) describes the purpose and procedure for the hot-line and other reporting provisions.

The main BABHA Corporate Compliance Hot-Line Poster is attached to this plan. A customizable version is available for contracted service providers. The poster includes Mid-State Health Network and state MDHHS Office of Inspector General (MIOHSIG) contact information as required. The poster is displayed in all BABHA waiting, conference and break rooms

Employees and contracted service providers (including Individual Practitioners) have direct access to the BABHA Corporate Compliance Officer via phone, email and in person, both for consultation regarding compliance strategies and for reporting of suspected fraud and abuse, or privacy and security concerns.

In 2020, BABHA added an annual employee attestation, where they indicate whether or not they are aware of potential fraud or abuse, and whether they had any criminal convictions. Employees are further asked if they have reported these issues in accordance with BABHA policies. This includes Individual Practitioners.

Compliance activity is reported to the BABHA Board of Directors, as well as the Corporate Compliance Committee, which includes representatives from senior management, finance, contracts, medical records, quality, information management, human resources, and clinical programs. The BABHA Corporate Compliance Officer attends Agency Leadership and contracted service provider meetings (vocational, residential/CLS, primary, and Autism providers) to receive and respond to compliance related issues.

Information regarding the Corporate Compliance Hot-Line and how to contact the BABHA Privacy Officer, MSHN Privacy Officer and MIOHSIG are included in the handbook provided to individuals receiving BABHA services. An interpreter is made available to individuals with limited English proficiency as requested.

[14] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(v)

BABHA policy and procedure C13-S02-T02 Non-Retaliation reflects BABHA's commitment to ensuring individuals reporting fraud/abuse or privacy/ security concerns are not subject to retaliation or retribution.

Disciplinary Guidelines

BABHA's corporate compliance related standards are communicated to staff and clinical contracted service providers (including Individual Practitioners) through the Corporate Compliance education program outlined in this plan, including disciplinary guidelines and provisions for adverse contract action[15].

Employees

In addition to the corporate compliance and privacy/ confidentiality education afforded new and existing employees, employees are informed of expectations for their compliance with regulatory requirements and standards via document-specific education on new and revised BABHA plans, policies, and procedures. This includes education on the Corporate Compliance Plan, corporate compliance policies and procedures, and privacy and security policies and procedures.

Employees are educated at least annually regarding BABHA compliance, privacy and security related requirements, which include the obligation to report suspected fraud, waste, abuse and privacy/security violations, to report criminal convictions, as well as the protections available to individuals who are whistleblowers.

Employees directly responsible for fraud, abuse, and privacy/security violations, as well as those who assisted, facilitated or ignored a violation, are subject to disciplinary action. Disciplinary action is commensurate with the severity of the offense and occurs at the discretion of the CEO in consultation with the Director of Human Resources and the involved supervisor. All disciplinary action is applied in accordance w/ BABHA human resources policies/ procedures.

The following are examples of the types of potential disciplinary action, which are communicated to staff:

- Employees may be suspended with or without pay during an investigation
- For minor violations employees may be subject to verbal/written warnings
- For more severe violations employees may be subject to significant disciplinary action including suspension and/or termination of employment
- Considerations may include:
  - Inaccurate or incomplete documentation
  - Unsigned or missing documentation
  - Deliberately fraudulent service documentation
  - Failure to maintain continuous licensure, registration, or certification
  - Falsification of licensure or certification
  - Failure to adhere to BABH policies and procedures
  - Intent to defraud
- Discipline may also be applied to employees who assisted, facilitated, or ignored a fraud and abuse, including supervisory and management staff

[15] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vi)

Provisions for disciplinary action are outlined in the BABHA Agency Manual and the BABHA Employee Handbook. Each employee receives a copy of the Employee Handbook at the time of hire. The handbook and all agency policies, procedures and plans are posted on the agency intranet site, accessible by all employees. Standards of conduct and disciplinary guidelines are covered in employee compliance and privacy/security related trainings.

See the section on External Reporting for discussion of potential additional adverse action against licensed and registered professionals.

Contracted Service Providers

The contract boilerplate language outlines contract remedies for failure to comply with the terms of the contract, such as substantiated privacy/confidentiality or security violations, and fraud or abuse involving state or federal healthcare funds, as follows:

- Require a plan of correction together with status reports and/or additional oversight by BABHA;
- Recoupment of payments;
- Suspension or reduction of payments;[16] or
- Termination of the contractual agreement.

Provider trainings on these topics address adverse contract action that may be taken. Individual Practitioner and Organizational Provider re-credentialing includes consideration of past fraud, abuse, privacy and security related investigations.

For purposes of example only, the following is a non-exhaustive list of compliance or performance issues for which BABHA may take remedial action to address repeated or substantial breaches, or patterns of non-compliance or substantial poor performance:

- Reporting timeliness, quality and accuracy;
- Performance indicator standards;
- Repeated site review non-compliance (repeated failure on same item);
- Failure to complete or achieve contractual performance objectives;
- Substantial inappropriate denial of services or substantial services not corresponding to condition. Substantial can be a pattern, large volume or small volume, but severe impact;
- Repeated failure to honor appeals/grievance assurances;
- Substantial or repeated health and/or safety violations;
- Failure to adhere to training requirements and timelines for completion;
- Failure to complete required documentation for each service provided; and/or
- Failure to comply with prohibitions regarding exclusion, suspension or debarment from state and/or federal health care programs.

Adverse contract action is documented in contract files for each provider by the Finance Department. See the section on External Reporting for discussion of potential additional adverse action against contracted licensed and registered professionals and organizations, including reporting to Medicaid payers and the MI Dep't of Licensing and Regulatory Affairs (LARA).

[16] Managed Care Rules: 438.608(a)(8)

Monitoring and Auditing[17]

BABHA has an active internal prevention, monitoring and auditing program[18]. The Attachments to this Plan include the current BABHA Compliance Committee Data Monitoring Plan, which define monitoring BABHA's activities. The Monitoring Plan changes frequently based upon reporting timelines, results of ongoing environmental assessment activity and periodic risk assessments, and the availability of information.

BABHA's monitoring program includes methods to verify, by sampling or other methods, whether services that have been represented to have been delivered were received by the individuals whom BABHA intends to serve.[19] BABHA applies the verification process on a regular basis (see BABHA policy and procedure C13:A02:T20 Service Event Verification and Restitution) and participates in twice yearly verification activities by its regional payer. Monitoring activities include but are not limited to:

1. Privacy and Security
    a. Electronic Health Record monitoring for use of "break the glass" feature in the role-based security system
    b. Security risk assessment (annual)
    c. Scan of shared/ group network drives for exposure of PHI
    d. Monitoring for security breaches
    e. Email phishing drills
2. Fraud and Abuse
    a. Fraud and abuse risk assessment (Triennial)
    b. Annual financial compliance audits
    c. Retrospective record reviews to verify Medicaid service claims, concurrent checks of high risk services, (specifically self-determined community living support services), and continuing stay reviews of psychiatric inpatient bed days.
    d. Checks for sanctioned, excluded, or debarred employees, directors/ officers, contracted service provider CEO's or their owners, and selected vendors
    e. Verification of specialized residential provider Adult Foster Care Licensure
3. General Compliance
    a. On-site reviews of organizational contracted service providers against contract requirements per a defined annual schedule, including record reviews (see BABHA policy and procedure C04-S12-T35 Site Reviews.)
    b. Quality Record reviews for direct operated programs, including verification of:
        i. Documentation of medical necessity including diagnostics and clinical assessments;
        ii. Completion of annual ability to pay assessments;
        iii. Proper qualification of clinical staff for services rendered; and
        iv. The presence of physician orders for Medicaid services for which orders are required.

BABHA compliance staff run routine compliance monitoring reports for clinical supervisors and team leader self-review. (See the attached Data Monitoring Plan and Supplemental Compliance Reports). Record reviews and corrections to documentation are completed as needed. Supervisors also receive a list of the service encounters generated by their program each month. Supervisors are required to attest that the encounters have face validity, and they refer suspicious encounters to compliance staff for review. System barriers to compliance identified are addressed by quality and compliance staff in conjunction with clinical leadership. If

---

[17] CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

[18] Managed Care Rules: 438.608 Program Integrity Requirements (a)(1)(vii)

[19] Managed Care Rules: 438.608(a)(5)

compliance errors (not due to system errors) are not resolved within a reasonable timeframe, the Supervisor develops a corrective action plan.

Fraud/abuse risk areas for routine monitoring are identified by the Corporate Compliance Officer in collaboration with the BABHA Corporate Compliance Committee based on previous compliance concerns, state and federal priorities and identified risk areas. Monitoring reports are received by the CC Committee and corrective action taken, as necessary.

BABHA limits the service codes which can be used by employees and contracted service providers (including Individual Practitioners) to those which are relevant to their scope of work and credentials, as applicable. The electronic health record and its billing engine include extensive business rules which work to preclude as many billing errors as possible. Service authorization parameters and packages or bundles are employed to minimize the risk of abuse as much as feasible without adversely impacting person-centered planning by consumers served. Further information regarding BABHA claims management controls is outlined in the C08 Fiscal Management, Section 7 – Claims, of the BABHA policy and procedure manual.

Environmental and Risk Assessments[20]

The CC Officer, with assistance of the CC Committee, reviews the risk or focus areas identified in the Office of Inspector General (OIG) for the United States Department of Health and Human Services Work Plan, the Michigan Office of Health Services Inspector General (MIOHSIG) Recovery Audit Contractor Approved Scenarios, if any, as well as any other priority compliance or risk areas communicated by the Michigan Office of Health Services Inspector General or the Mid-State Health Network.

In addition, BABHA identifies themes in the results of its data/monitoring activities for reimbursement trends, prior audit findings, and internal record reviews to identify other areas of potential risk.

A security risk assessment is completed which reviews existing BABHA technological, administrative, and other safeguards to ensure compliance with HIPAA requirements.

In 2019 BABHA adopted the US Dep't of Justice Corporate Compliance Program Evaluation as a program evaluation tool. The evaluation is used by US attorneys when investigating Medicare fraud and abuse to determine the effectiveness of compliance programs. The presence of an effective program is a consideration when the DOJ assesses intent and determines fines/penalties. Findings being actioned are included in the list of areas warranting attention below. The evaluation is completed every three years, alternating with the BABHA Fraud/Abuse Risk Assessment.

The BABHA fraud and abuse Risk Assessment is also completed by the Corporate Compliance Committee every three years, and involves tracing BABHA's workflows for generation of service claims from contact with the person served to the submission of claims file to payers to assess and mitigate weaknesses in fraud/abuse protections. The Risk Assessment evaluates the likelihood of fraud and abuse occurring and potential impact on the organization should it occur. Workflows for both direct operated and contracted services are evaluated.

These activities result in corrective action planning to reduce risk and response to changing expectations in the external compliance environment. The BABHA Fraud and Abuse Risk Assessment template is attached to this plan.

The results of such reviews, on-site audits and CC data/monitoring activities are incorporated into BABHA policies, procedures and practices as necessary, and/or added to the CC data/ monitoring schedule for further

[20] CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

oversight by the CC Committee. Findings from the compliance program evaluation and risk assessments are also included in the Corporate Compliance Plan evaluation of plan effectiveness and priorities.

Response and Corrective Action

BABHA has policies and procedures which provide for prompt response to compliance issues, including investigation of potential compliance problems as identified ~~in the course of~~during self-evaluation and audits, correction of such problems promptly and thoroughly (including any required coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence and ongoing compliance with requirements.[21]

Investigations

BABHA policy and procedure C13-S02-T22 Complaint Investigations provides detail regarding BABHA investigation strategies. Both the BABHA Corporate Compliance Fraud/Abuse Record and Privacy/Security Record templates are attached to this plan.

In general terms, the CC Officer oversees the prompt and thorough investigation of any report of potential fraud or abuse, in coordination with the HR Department and/or management structure as appropriate. Similarly, the Privacy Officer conducts investigations of HIPAA privacy violations and breaches.

Record reviews are performed by the Quality and Compliance Coordinator under the oversight of the CC Officer. Suspected fraud and abuse of Medicaid funds is reported prior to investigation to the Mid-State Health Network, Michigan Department of Community Health, and the Michigan Office of Health Services Inspector General per contract requirements.

Each investigation includes the gathering and preservation of relevant documents and identification and interviewing of employees, recipients of services and/or contracted service providers (including Individual Practitioners) who may be able to provide pertinent information, as warranted. However, any investigation which overlaps with potential Recipient Rights violations, particularly confidentiality investigations, are coordinated with the relevant officials within BABHA. The BABHA CC Officer may use reports and interviews from those functions as a basis for determination of whether a privacy/ security concern will be substantiated, to minimize the impact of investigations on the involved parties.

Payments to contracted service providers may be suspended during investigations in accordance with BABHA policies. New referrals may also be suspended.

The BABHA CC Officer maintains a compliance log (and documentation files where warranted) of CC related issues and their disposition, including privacy, security, fraud, and abuse concerns.

BABHA and the provider network will cooperate fully with investigations or prosecution by any duly authorized government agency, whether administrative, civil, or criminal. Cooperation must include providing upon request, information, access to records, and access to interview employees and consultants including but not limited to those with expertise in administration of the program and/or in any matter related to an investigation or prosecution.

Corrective Action

Each investigation is documented, including information about the issue or incident, conclusions reached and the recommended corrective action, where such action is necessary. The CC Officer, Privacy Officer, or

[21] Managed Care Rules: 438.608(b)(7) Program Integrity Requirements

appropriate management personnel responds to the reporting party, as appropriate and to the extent reasonably possible, regarding the status of the investigation and any corrective action taken.

Corrective actions are geared to mitigate the impact of the issue or incident, remediate the error(s), and prevent future occurrence if possible. Steps taken range from employee education or training, consultation with contracted service providers, revision of policies, procedures, or contract boilerplate, revision of electronic health record functionality, service claim recall, reporting and reporting recoupment of over-payments, disciplinary action against employees and adverse contract action against contracted service providers (including Individual Practitioners), as previously described in this Plan. Training programs are also updated frequently to address current patterns of fraud/abuse or privacy violations.

BABHA has added to it's investigative process a checkpoint to determine whether a root cause analysis is warranted to identify the variables that contributed to the occurrence and possible remediation.

Claims/Over-Payment Recoupment and Voiding of Encounters

BABHA's policy and procedure C08:S03:T13 Third Party Revenue Collection and Repayments outlines steps for prompt reporting and recoupment of all Medicaid and Medicare overpayments identified. Finance policies and procedures also address suspension of payments as necessary.

Recoupment of Medicaid, Medicare and other state/federal healthcare related over-payments for fraudulent or erroneous service claims from contracted service providers (including Licensed Independent Practitioners) are handled by the BABHA Finance Manager. This includes the voiding of encounters and any cost write-off or repayment that may be required for substantiated fraud or abuse by BABHA employees which may have resulted in an excessive or erroneous service claim. Recoupments are tracked on the BABHA Corporate Compliance Log by the CC Officer.

Providers are required to agree to a repayment strategy for larger recoupments, to the satisfaction of the CFO. The CFO, in consultation with the CEO as necessary, determines whether contracted service providers (including Individual Practitioners) will be subject to additional action, such as being turned over to collection agencies, if they fail to meet repayment obligations.

Other Corrective Action and Enforcement

BABHA works with the Michigan Office of Health Services Inspector General, and other governmental entities at the state and federal level which hold civil and criminal enforcement authority under Medicaid, Medicare, and other state/federal healthcare program integrity related statutes. Corrective action plans are also coordinated with the Michigan Department of Health and Human Services, the Michigan Department of Licensing and Regulatory Affairs, and Mid-State Health Network in accord with contract requirements.

Compliance Reporting

BABHA requires employees and providers to report to the CC Program and the CC Program must submit required information to its payers. The CC Program endeavors to be accessible and consultative to stakeholders.

Employee/ Contracted Service Provider Guidance and Reporting[22]

BABHA employees are required to report to the CC Officer and their Supervisor any suspected fraud/ abuse or privacy/security violation, and any criminal conviction that may result in their exclusion/debarment from Medicaid/Medicare programs. BABHA policy and procedure C13-S02-T01 Internal Reporting (Hotline) provides

[22] CARF Standards: Section 1 Aspire to Excellence: A Leadership: Standard 7

more information about such provisions. New employees are advised of this requirement during their orientation and other employees are reminded during annual training updates. Reporting obligations are cited in the contract boilerplate for contracted service providers (including Individual Practitioners).

Board members sign an attestation indicating they agree to report any criminal charge or conviction related to Medicaid, Medicare and any other Federal/State Healthcare Program, as well any other crime involving the delivery of a healthcare item or service. Employees sign a similar attestation annually.

Through the contractual agreement, provider agencies and Individual Practitioners agree to report to BABHA any suspicion or knowledge of fraud or abuse and to fully cooperate with investigations. Providers are required to immediately report to BABHA any invalid claims and/or overpayments for correction. Also, providers agree to immediately notify BABHA with respect to any inquiry, investigation, sanction or otherwise from the Office of Inspector General (OIG), as well as criminal convictions that may result in their exclusion or debarment from participation in Federal and State health care programs.

Employees and contracted service providers (including Individual Practitioners) are encouraged to utilize the CC Program as a source of consultation and guidance regarding compliance related questions. Technical assistance is offered by the CC, Privacy and Security Officers to the maximum extent possible as questions arise and when investigations occur. The CC Officer meets face-to-face with each new employee during new employee orientation and participates in face-to-face meetings with key contracted service providers.

CC and other agency policies, procedures and documents are designed to encourage and facilitate regulatory compliance. As an example, the business rules embedded in the electronic health record are narrow, limiting an employee's ability to make wrong choices. BABHA has dedicated staff to verify service claims and communicates regularly with contracted service providers (including Individual Practitioners) regarding questionable or erroneous claims.

External Reporting

BABHA is required to report potential fraud and abuse occurrences which warrant investigation to Mid-State Health Network, and ultimately to the Michigan Department of Community Health and the Michigan Office of Health Services Inspector General.[23]

BABHA submits a quarterly report to the MI Office of Health Services Inspector General (MIOHSIG) through MSHN regarding the number of complaints of fraud and abuse that warranted preliminary investigation throughout the year. Annually a summary is also provided directly to MDHHS by BABHA. Additional requirements for reporting of contracted service provider information were added by MIOHSIG, including new and terminated providers.

BABHA is also required under state law to report licensed or registered professionals and organizations to the Michigan Department of Licensing and Regulatory Affairs (LARA) for potential investigation and possible adverse action.

As a covered entity under HIPAA, BABHA must also report security breaches to the Federal government on an annual basis. BABHA also has mandatory State reporting obligations as an employer.

[23] Managed Care Rules: 438.608(a)(7)

Reporting of Overpayments[24]

BABHA reports overpayments to regional and state payers, and federal and state offices of inspector generals as required by law and contractual obligations. In accord with regulatory requirements, BABHA specifies the reason for overpayments, including if due to potential fraud.[25]

Medicaid Eligibility

If BABHA becomes aware of changes in a Medicaid enrollee's circumstances that, to the best of its knowledge, may affect the enrollee's eligibility for Medicaid, BABHA notifies a representative of the local office of the Michigan Department of Human Services, which is responsible for managing Medicaid eligibility determinations. As a Community Mental Health Services Program, BABHA is also responsible for reporting to the State of Michigan the death of an individual receiving services. [26]

Provider Disenrollment

BABHA notifies regional and state payers when information is received about changes in a contracted service provider's circumstances that, to the best of BABHA's knowledge, may affect the provider's eligibility to participate in a managed care program as a Medicaid provider. [27]

Contracted service providers who leave or who are removed from the BABHA provider network are reported to MIOHSIG, MDHHS and MSHN for purposes of MDHHS monitoring of Medicaid provider enrollment.

Evaluation of Program Effectiveness and Program Priorities

The BABHA Corporate Compliance Program remains largely effective. The program's quality and effectiveness is evaluated every three years by the Corporate Compliance Committee, Corporate Compliance Officer and the Chief Executive Officer. BABHA created an evaluation tool using the U.S. Department of Justice Criminal Division, Evaluation of Corporate Compliance Programs template (see attachments). The lowest scoring items are actioned.

Throughout the course of the past year and/or through the DOJ evaluation process, the following areas were identified for improvement:

Planned Improvement	Target Date	Actions Taken	**Status** New; Continue; Discontinue; Completed
1) The Privacy Notice revisions to address changes in access to Medicaid claims data for coordination of care	9/30/24 ~~03/31/23~~	Still in process; regulations have continued to change. The Privacy Policy and Procedure needs to be updated and the Privacy Notice needs to reflect new requirements.	Continue

[24] 42 CFR 401Reporting and Returning of Overpayments (for Medicare) and Section 1128J(d) of the Affordable Care Act for Medicaid overpayments
[25] Managed Care Rules: 438.608(a)(2)
[26] Managed Care Rules: 438.608(a)(3)
[27] Managed Care Rules: 438.608(a)(4)

2) Add: Develop a system to track education of Fraud, Abuse, waste and compliance to Consumers and begin reporting quarterly to MIOHSIG/MSHN.Finalize implementation of the MDHHS uniform behavioral health consent.	01/31/23 7/1/24 and ongoing	Still in process; regulations have continued to change.	ContinueNew
a	12/31/22	Coding consultant engaged and review of medical complexity-based coding completed and being actioned. ONHS services determined to not warrant special review based on final MDHHS clarifications for use. Non-traditional tele-health monitoring reports added for leadership including program and staff level reports.	Completed
3) Continue to expand supervisor skills relative to program integrity and corporate compliance, beyond the traditional audit compliance.	12/31/23 4/1/2025	Have completed a training for supervisors and have sent out emails and intranet postings on topical items related to Fraud, Abuse, waste and compliance.	ContinueNew
4) Increase follow-through with line staff regarding how policy/procedure changes should impact their day-to-day work.	12/31/234/1/25		ContinueNew
5) Add: Provide education when appropriate for Fraud, Abuse and waste substantiations and record on the Fraud and Abuse log. This will be reported quarterly to MSHN and MIOHSIG. Strengthen vertical communication of regulatory changes.	12/31/23 4/1/2025		New New
6) Add: Review, educate staff and revise policies and procedures as needed to comply with the revisions to 42 CFR, part 2.	4/1/25		New

June 2024

BABH Board of Directors

June 2024

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
May 26	27	28	29	30	31	Jun 1
2	3 5:00pm Health Care Improvement & Compliance Committee	4	5	6 5:00pm Recipient Rights Committee	7	8
9	10 5:00pm Facilities & Safety Committee	11 CMHA Summer Conference	12 CMHA Summer Conference 5:00pm Finance 5:30pm Bylaws	13 5:00pm Program Committee	14	15
16	17	18 5:00pm Audit Committee	19	20 5:00pm REGULAR BOARD MEETING	21	22
23	24 5:00pm Special Recipient Rights Committee	25	26	27	28	29
30	Jul 1	2	3	4	5	6

5/16/2024 8:50 AM