

<b>COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP</b>	<b>Policy</b> <b>Corporate Compliance</b>
<b>Department: Regional Compliance Committee</b> <b>Author: Kristen Ora</b>	<b>Local Policy Number (if used)</b>
<b>Regional Operations Committee</b> <b>Approval Date</b> <b>2/27/2017</b>	<b>Implementation Date</b> <b>4/1/2017</b>

## I. PURPOSE

To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.

## II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
2014	1	Revised to reflect the new regional entity.
1/27/2017	1.1	Revised to reflect regional compliance activities.

## III. APPLICATION

All CMHPSM officials, employees, board members, students, volunteers, and providers under contract with the CMHPSM network shall be responsible for abiding by all compliance, confidentiality, and ethics standards as set forth in this policy.

## IV. POLICY

All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region's business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws and standards.

## V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Programs (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Fraud: Failure to comply with any professional standards for health care, standards for medical necessity, or standards for billing/business operations that could result in potential overpayments and/or false claims.

Healthcare Information: Any information, whether oral or recorded in any form or medium that: (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and that (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

Protected Health Information (a.k.a. confidential information): All personally identifiable information and material about a recipient in any form or medium, and the information that an individual is or is not receiving services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports

Risk Assessment or Risk Analysis: The process of selecting appropriate measures to protect against particular dangers to computer systems, data and clinical records.

Waste: Inappropriate utilization and/or inefficient use of resources.

## **VI. Standards**

- A. CMHPSM and each CMHSP shall ensure the security, privacy, integrity, and confidentiality of all consumer related information in accordance with professional ethics and legal requirements.
- B. Policies and procedures necessary to ensure compliance with federal, state, and local laws, rules, and regulations are maintained by the regional entity, which issues these policies and procedures to providers within the CMHPSM network.
- C. The CMHPSM and each CMHSP shall ensure that their staff, students, and board members receive compliance training that includes state and federal compliance standards and reporting requirements. Such training shall include at a minimum, standards and reporting requirements related to HIPAA, HITECH, federal Medicaid regulations, and state regulations.
- D. No director or board member of the CMHPSM, or any person with an employment, consulting, or other arrangement with the CMHPSM, can be a person who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or anyone who is an affiliate, as defined in the Federal Acquisition Regulation, of such a person.

- E. All CMHPSM staff, board members, students, volunteers, and providers are expected to conduct themselves in an ethical manner while performing their duties.
- F. Sanctions will be enacted against any employee, board member, student, or volunteer of the CMHPSM or its providers who violates this compliance policy. Sanctions are set forth in the CMHPSM Sanctions for Breaches of Corporate Compliance or Confidentiality policy.
- G. All board members shall adhere to the standards in this policy and other relevant state and federal compliance laws where it applies to their board duties. Any compliance-related issue and/or violation of a compliance standard by a board member shall be reported to the appointing entity. Alleged misconduct will be referred to both the relevant local and CMHPSM boards.
- H. Any relevant issue of compliance by/with a board member will be addressed by the local CMH board or respective entity. Any necessary sanctioning of board members will be the responsibility of the appointing body.
- I. To ensure compliance, the CMHPSM shall have an individual identified as the CMHPSM's Compliance Officer. The CMHPSM Compliance Officer shall ensure that the CMHPSM expediently investigates any suspicion of fraud/abuse, maintains data on compliance issues, and reports relevant data to state and federal entities where required. Such investigations shall be the role of the CMHPSM or the local CMHSP designee, as outlined by CMHSP contract/agreement.
- J. Each CMHSP shall have a designated Compliance coordinator identified to take local reports of alleged fraud/abuse, maintain local data report compliance issues and data to the CMHPSM Compliance Officer, and serve on the CMHPSM Compliance Committee. This CMHSP Compliance role shall be assigned by the CMHSP Director.
- K. Reports of investigations of alleged fraud/abuse shall include at minimum:
- Persons involved (both those affected and those alleged)
  - Source of complaint
  - Type of provider and service(s) involved
  - Nature of complaint
  - Approximate dollars involved
  - Legal & administrative disposition of the case including any finding(s) and action(s) taken
- L. The CMHPSM Compliance Officer shall maintain and provide oversight to a CMHPSM Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The Corporate Compliance Committee is charged with the development, coordination, and oversight of the CMHPSM's compliance efforts, including:
- Review annual regional compliance audits to ensure adherence with established policies, procedures, and laws. If deficiencies are detected, require submission of corrective action plans and monitoring of said

plans.

- Review any changes in law, regulations, or standards and identify any areas of need in organizational policy, procedure, practice, and training.
- Review risk analysis and risk management functions necessary to assure the privacy and security of protected health information
- Review risk analysis and risk management functions necessary to ensure areas of risk are assessed and corrected in compliance with laws, rules, and regulations.
- Monitor regional plans of correction and make any necessary recommendations, including performance improvement activities/recommendations as a result of assessed areas of need.

The Regional Corporate Compliance Committee is also given authority to assign ad hoc members or use specialized consultants to complete its work.

- H. The responsibility for ensuring compliance with the security of health related information shall be assigned to the Regional Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The director of each local CMHSP shall appoint a local Security Officer to provide local oversight in ensuring local compliance and information dissemination. Each local CMHSP member of the CMHPSM may also establish a local Compliance/Security committee at their discretion in ensuring local compliance with all laws, rules, regulations, and standards.
- I. Reports of the results of all annual compliance audits shall be shared with the ROC, which will assign further implementation of plans of correction to applicable committees.
- J. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region (the PIHP and the CMHSPs) shall coordinate efforts to ensure the security and privacy of protected health information, and shall ensure compliance with all other applicable regulations, laws and standards. External application of standards shall be defined in Chain of Trust Agreements and/or contract language.

## **VII. EXHIBITS**

None

## **VIII. REFERENCES**

- A. 45 CFR, Parts 400 and 438 (Balanced Budget Act)
- B. 45CFR Part 164 (Health Information Portability and Accountability Act)
- C. The Joint Commission Standards
- D. MDCH PIHP Contract
- E. MDCH CMHSP Contract
- F. CMHPSM Sanctions for Breaches of Corporate Compliance or Confidentiality Policy
- G. CMHPSM Confidentiality and Access to Clinical Records Policy
- H. Deficit Reduction Act of 2005
- I. Patient Protection and Affordable Care Act of 2010