	Council, Committee or Workgroup Meeting Snapshot
MSHN Mid-State Health Network	**Meeting: Regional Compliance Committee**

Meeting Date: August 19, 2022	**KEY DISCUSSION TOPICS**
Attendees: BABH, CEI, CMHCM, GIHN, Huron, LifeWays, Newaygo, MCN, Right Door, Saginaw & Shiawassee MSHN Staff: Kim Z. Not Present: TBHS *This meeting was held by zoom only	• Agenda Review • Follow Up from Previous Meeting • Annual Compliance Plan Review • OIG Quarterly Report Template • HSAG Compliance Site Review • PCE-Supporting Gender Diverse Staff • Compliance Effectiveness Review • Open Discussion • Standing Agenda Items (As Needed)

✓ **KEY DECISIONS**	• Additions to Agenda
	  ✓ Minutes approved without revisions
	  ✓ The following were added to the agenda
	    ○ Psychotherapy Notes vs. files in the EHR
	    ○ SIS Assessment mandate
	    ○ Telemedicine Policy
	    ○ Status of EVV
	    ○ Home Help vs. CLS (getting documentation from the state)
	    ○ Breach Notification – what you can or cannot say to the client
	• Follow up from previous meeting
	  ✓ N/A
	• Annual Compliance Plan Review
	  ✓ Approved after review of minor edits.
	  ✓ Move to Ops Council for review
	• OIG Quarterly Report Template
	  ✓ Will not be able to use REMI with the new changes. CMHSPs will need to do hard copy and submit to Kim in BOX. THE OIG is requiring the new template be used beginning in FY23Q1.
	  ✓ Kim proposed using the new template for FY22 Q4 to practice with the new template because the OIG won't allow more than one submission once the new template is required. If they have to send it back we will be put on POC. Kim would like to see what kinds of corrections will be required with the Q4. The group agreed
	  ✓ ONLY Use what is in the drop down boxes, do not try to input on your own.
	• HSAG Compliance Site Review
	  ✓ Final report will come end of September. PMV – don't expect any findings. Compliance review we will have some corrective action – QAPIP, ongoing progress reports, grievance and appeals sections, issue with required templates (MDHHS template so we cannot change as it's a contract requirement). Kim and the other PHIP Compliance officers are working to get HSAG and MDHHS to communicate on these issues. They will be recommended updates to the Privacy Notice, a confidentiality policy for MSHN (focused on BBA), standardized template for MSHN for confidentiality (like our breach notification).

	✓ Related to the Waiver Audit – ranges – cannot find this in any legal requirements. Does not meet Self-determination or person-centered planning. MSHN has submitted a letter to MDHHS prior to submitting a plan of correction. - PCE-Supporting Gender Diverse Staff ✓ Discussed and wondering how to handle this with staff. ✓ Bay allows affirmed name to be used in EHR. HR records and credentialing have to be in legal name, including NPI number. Staff have been writing their commonly accepted name on records – ie Kathy for Katherine. ✓ Risk to staff vs. risk to organization was discussed. ✓ Could NPI number be added to the signature line? - Compliance Effectiveness Review ✓ Looking at effectiveness of current program, which will help to identify risks or gaps for changes to Compliance Program at MSHN. Kim will have this completed for review in October meeting. ✓ Bay uses the DOJ guidance and created a 5 point scale for each question in the document using an excel spreadsheet. - Open Discussion ✓ Psychotherapy Notes vs. files in the EHR - Pam - o What is in the EMR is able to be shared. Where should staff be putting true psychotherapy notes. Group voted for not putting them in the EMR. - o Ken noted that their psychotherapy notes are kept in a locked file drawer – typically used in supervisions, case consults, and would not have things that are EMR on them. Observations, questions you have, things you're told that help in case conceptualization and in working with someone on clinical supervision. ✓ SIS Assessment mandate – Janis - o Bay is concerned about Capacity to perform SIS assessments. CMS wants MDHHS to standardize an assessment tool for determining eligibility. October 2024 – would need everyone to have a SIS Assessment, what about refusals? Department may need to relax the same day requirement because of the clinician needing to be involved. ✓ New Telemedicine Policy – Janis - o Bay has been doing a side by side review with Medicare requirements. Consistent with what the department previewed. ✓ Status of EVV – Janis - o RFP will go out soon and First quarter of 2023 choosing a vendor. - o Implementation looks like 2024 ✓ Home Help vs. CLS (getting documentation from the state) – Kara/Janis - o This has been an ongoing issue for years trying to get the home help data from the State - o Efforts will continue to try to get this information for better coordination ✓ Breach Notification – what you can or cannot say to the client – Susan - o Default to not stating which provider or specific corrective action provided. - Standing Agenda Items ✓ N/A for this meeting
✓ **KEY DATA POINTS/DATES**	• Next Meeting: October 21, 2022 (3rd Friday of every other month from 10:00am – 12:00pm)