

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	<i>Policy</i> <i>Corporate Compliance</i>
Department: Regional Compliance Committee	Local Policy Number (if used)
Implementation Date 12/31/2021	Regional Approval Date 12/17/2021

Reviewed by:	Recommendation Date:
ROC	10/04/2021
CMH Board:	Approval Date:
Lenawee	11/17/2021
Livingston	11/30/2021
Monroe	11/17/2021
Washtenaw	12/17/2021

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	MODIFICATION
2014	Revised to reflect the new regional entity.
01/27/2017	Revised to reflect regional compliance activities.
12/17/2021	Scheduled Review. Revised to reflect Compliance Plan.
06/03/2024	Revised to reflect Compliance Plan revisions. Approved by Compliance Committee 06/05/2024 (item J added)

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

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

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: An intentional deception or misrepresentation by a person with the knowledge that the deception could result in an unauthorized benefit to him/herself or another person. This definition is not meant to limit the meaning of fraud as it is defined under applicable federal or state laws.

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 consumer/individual served 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 for people with mental health, developmental disabilities, and substance use disorder needs.

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

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/individual served-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 and the CMHPSM Compliance Plan.
- G. All board members shall adhere to the standards in this policy, the CMHPSM Compliance Plan, 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. All staff, students, volunteers, and providers with the CMHPSM network shall adhere to the standards in this policy, the CMHPSM Compliance Plan, and other relevant state and federal compliance laws where it applies to their duties. Any compliance-related issue and/or violation of a compliance standard shall be reported to the CMHSP and CMHPSM. The CMHPSM shall ensure relevant reporting is made to the requires state and federal authorities. Alleged misconduct will be referred to both the relevant local boards.
- J. CMHPSM and subcontractors must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without first obtaining authorization from the beneficiary to disclose such information.
- K. To ensure compliance, the CMHPSM shall have an individual identified as the CMHPSM's Compliance Officer who reports directly to the Chief Executive Officer and the Board of Directors. The CMHPSM Compliance Officer shall ensure that the CMHPSM expeditiously investigates any reports 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. Investigations that result in suspected fraud shall be reported to the CMHPSM Compliance Officer using the Michigan Office of Inspector General Fraud Referral Form.
- L. 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.

- M. Reports of alleged fraud/abuse shall be made in accordance with the CMHPSM Compliance Plan, and 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
- N. 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.
- O. The Regional Corporate Compliance Committee is also given authority to assign ad hoc members or use specialized consultants to complete its work.
- P. 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.
- Q. 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.
- R. 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

1. 45 CFR, Parts 400 and 438 (Balanced Budget Act)
2. 45CFR Part 164 (Health Information Portability and Accountability Act)
3. The Joint Commission Standards
4. MDHHS PIHP Contract
5. MDHHS CMHSP Contract
6. CMHPSM Sanctions for Breaches of Corporate Compliance or
7. Confidentiality Policy
8. CMHPSM Confidentiality and Access to Clinical Records Policy
9. Deficit Reduction Act of 2005
10. Patient Protection and Affordable Care Act of 2010
11. CMHPSM Compliance Plan
12. Federal False Claims Act, 31 U.S.C. §3729
13. Michigan Medicaid False Claims Act, Act 72 of 1977 §§400.601-.615 as amended through 2006