North Dakota 1915(i) Medicaid Academy

Session 4: Policies and Procedures

Wednesday August 24th, 2022

Noon to 2 pm CT

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How is everyone doing today?

Your Training TEAM

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Medicaid Academy Schedule

Topic	Date	Tools
Orientation and Provider Enrollment	8/3/22	Provider Enrollment Guide
Provider Enrollment Q&A	8/5/22	
Services Participant Enrollment	8/10/22	Service Participant Eligibility Tracker
Services Participant Enrollment Q&A	8/12/22	
Staffing and Budgeting	8/17/22	Services Budget Tool, Time Study Materials
Staffing and Budgeting Q&A	8/19/22	
Policies and Procedures	**8/24/22**	**Sample Policies and Procedures**
Policies and Procedures Q&A	08/26/22	
Documentation and Billing	8/31/22	Billing Guide
Documentation and Billing Q&A	9/2/22	
Quality Assurance	9/7/22	
Quality Assurance Q&A	9/9/22	

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Purpose of Medicaid Academy Learning Sessions

DHS provides the "WHAT"/ Policy Requirements

The TA Team helps with "HOW" so you can develop a plan for your agency

Each session will include:

| Helpful tips and tools provided by the TA team | Opportunities for sharing experiences across agencies | Coaching for your agency |

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Session #4- What We Will Do Today

Understand the elements of effective compliance programs

Highlight privacy and HIPAA policies

Become familiar with important policies needed for Medicaid

Identify areas for focus

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Required 1915(i) Policies and Procedures

1915(i) PROVIDER AGENCY REVIEW REPORT
North Dakota Department of Human Services
Medical Services Division
1915(i) Form (1-2022)

Report Completed By:	Date Report Completed:
Name of Provider Agency:	Reporting Period (10/1/YYYY – 9/30/YYYY):

Purpose

This report contains all requirements for 1915(i) provider agencies outlined in the 1915(i) State Plan Amendment and attested to in the 1915(i) provider enrollment process. This report is used for required CMS reporting and as an internal review by the Department of Human Services to ensure compliance with 1915(i) regulations.

Instructions

1. The provider agency shall report on the October 1st to September 30th reporting period;
2. The provider agency shall attach to this report applicable policy and/or supporting documentation relevant to each requirement; and
3. The provider agency shall submit this report annually, along with policy and/or supporting documentation, to the State Medicaid Agency's 1915(i) Administrator at nd1915i@nd.gov by January 1st.

Yes	No	REQUIREMENT 1
☐	☐	Agency provided documentation of internal policy that requirements of individual practitioners of services meet required qualifications initially and ongoing. Policy

All required 1915(i) policies are referenced in the Provider Agency Review Report

Quality Activities

Compliance

Quality

Seven Elements of Effective Compliance Programs

- → Compliance Officer

- → Internal Monitoring and Audits

- → Written Standards and Policies

- → Training and Education Programs

- → Open Lines of Communication

- → Response to Detected Problems

- → Disciplinary Standards

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Policies

"**A policy is a guiding principle used to set direction in an organization.**"
–bizmanuals.com

Policies are your strategies, your principles, your rules.

Procedures

"A procedure is a series of steps to be followed as a consistent and repetitive approach to accomplish an end result."
-bizmanuals.com

Your procedures are about your processes.

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HR, Operational and Client Services Policies

- Non-discrimination
- Client Rights and Responsibilities
- Staff Rights and Responsibilities
- Staff Grievance
- Volunteer and Intern Rights and Responsibilities
- HR recruitment, hiring and other policies
- Privacy and Data Collection
- Organizational mission, vision and value statements
- Productivity requirements / billing

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Operations

Policies with Accompanying Procedures

- Collecting and Storing Client Data, Data Security (HIPAA)
- Records Requests, Sharing, Storing, and Auditing
- Health Emergencies and Communicable Diseases
- Quality Improvement Activities and Internal Auditing
- Waste, Abuse, and Fraud Prevention
- Corrective Action and Disciplinary Processes
- Staff Supervision Standards and Processes
- Equity and Inclusion policies and processes
- Staff training and documentation of training

Client Services

Policies with Accompanying Procedures

- Consent for Service
- Client Privacy and Release of Information (HIPAA)
- Client documentation requirements
- Medicaid billing requirements
- Program eligibility and enrollment
- Urgent and On-Call Services
- Safety – Risk Management
- Critical Incident reporting
- Child and Adult Abuse Mandated Reporting and Documentation
- Client Grievance and Client Rights
- Client Satisfaction Surveys

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Policies and Procedures:
Quality Reviews and Internal Audits

Quality Reviews
- **Who conducts these?**
  - **Who follows up?**
  - **Who documents the follow up?**

- **How are errors prevented in the future? Mortality and Critical Incident Reviews**
  - **Who is included in these reviews?**
  - **What key metrics need improvement?**
  - **Who tracks these metrics? Who collects the data? Who reports back to staff?**

Internal Audits
- **Who determines the frequency and scope of internal audits? What is done with the findings?**

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HIPAA: Protected Health Information (PHI)

- PHI is individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

- [HHS Summary HIPAA Summary](#)
- [HHS HIPAA Training Materials](#)

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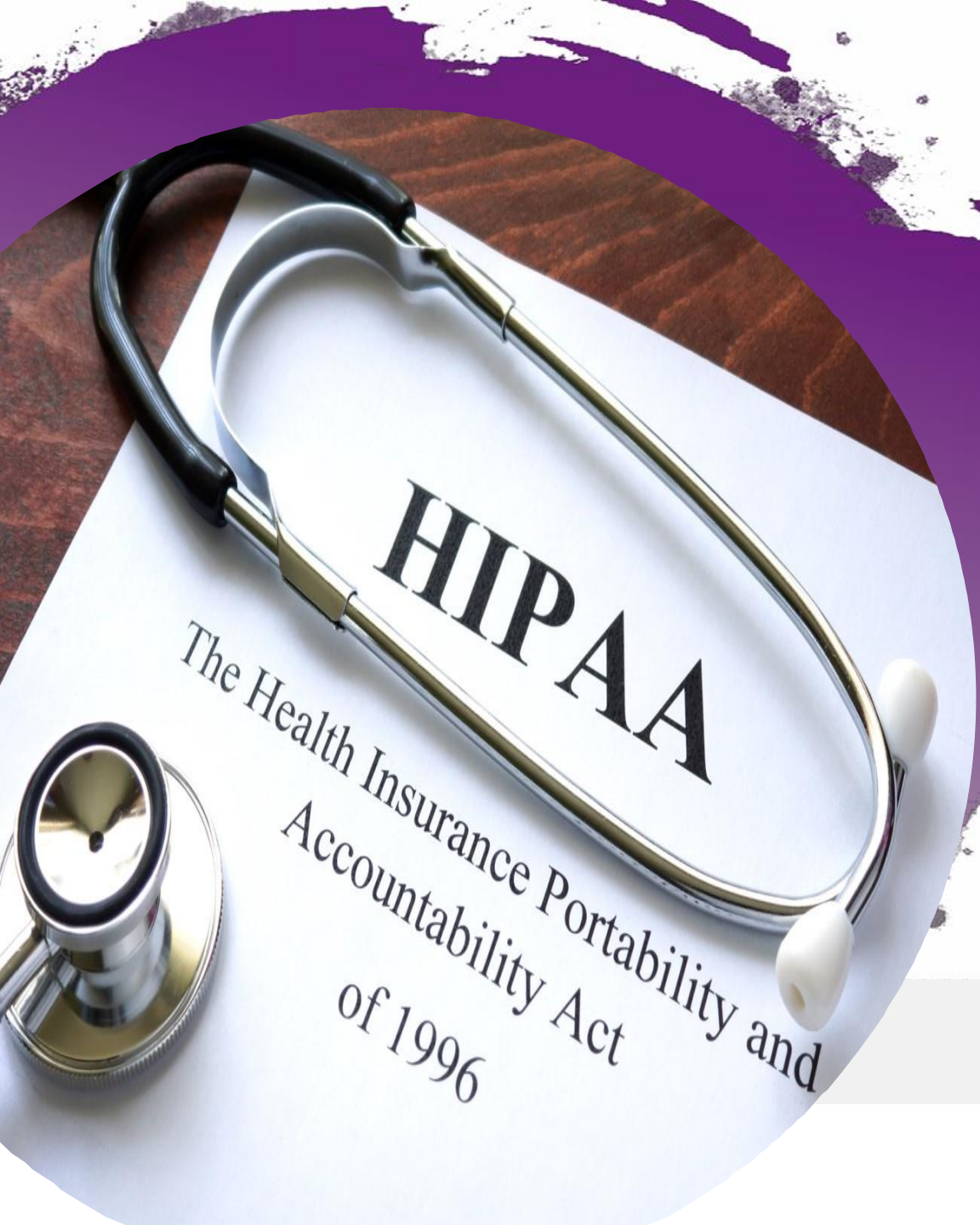
HIPAA Protects Client Rights

Clients have the right to:

- ask for and see a copy of their health records

- have corrections added to their health record

- receive a notice explaining how their health information is used and shared

- decide if they want to give permission before their health information can be used or shared for certain purposes, such as marketing

- get a report on when and why their health information was shared

- know any time their health information privacy was breached

- file a complaint with their provider, insurer or the U.S. Government if they believe that their rights have been violated

Your agency needs P&P on HIPPA

Your agency needs to follow those P&P
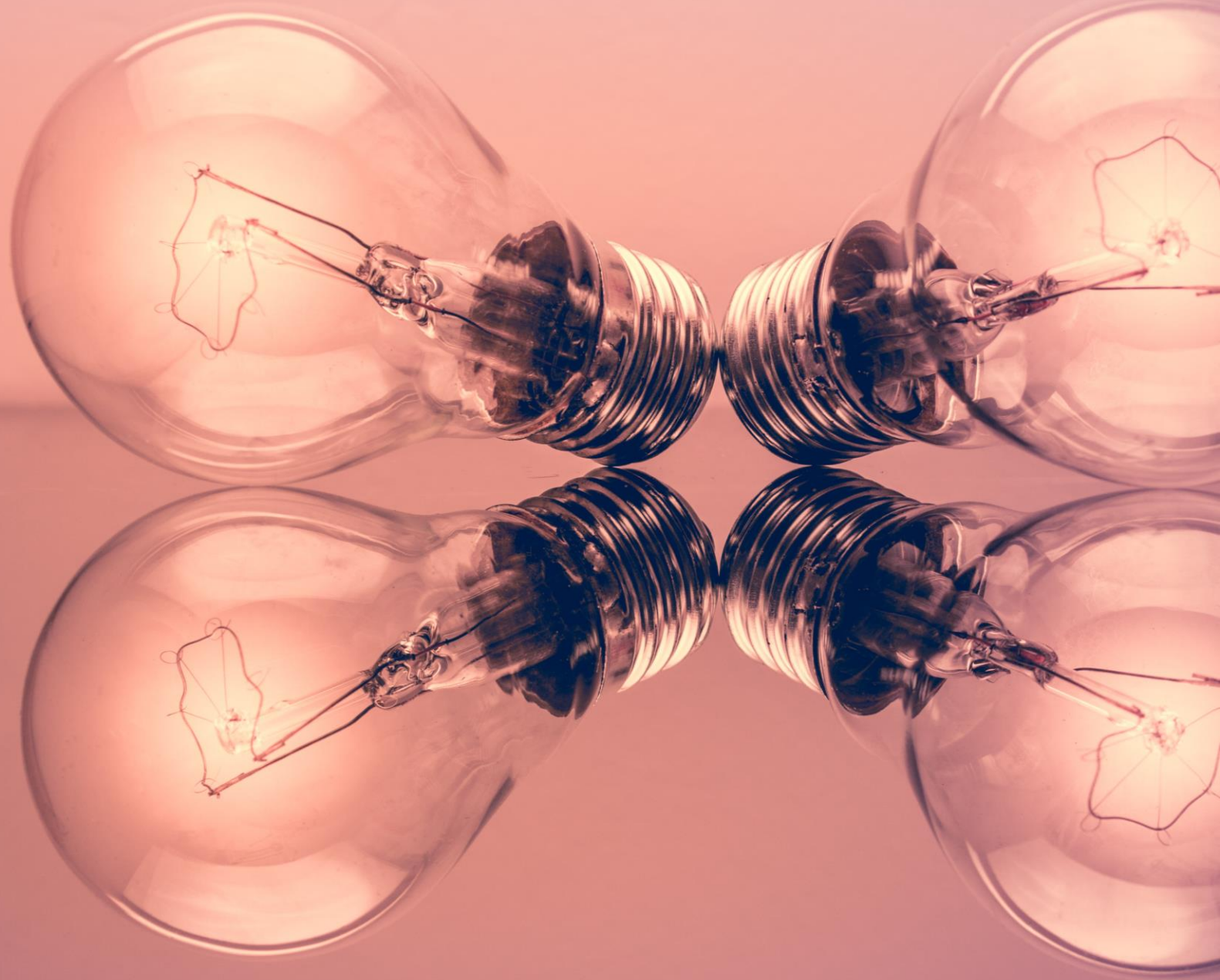
HIPAA
Key Terms

- Confidentiality
- Protected Health Information (PHI)
- E-PHI
- Covered Entity
- Held vs Transmissible Data

Confidentiality and HIPAA-

HIPAA requires that you:

- Maintain reasonable and appropriate administrative, technical and physical safeguards for protecting PHI and e-PHI.
- Ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit
- Identify and protect against reasonably anticipated threats to the security or integrity of the information
- Protect against reasonably anticipated, impermissible uses or disclosures
- Ensure compliance by their workforce

https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html

Security Regulations

- Client records are legal documents- EHR or EMR (Electronic health or medical record most commonly)
- Client records include electronic, paper and scanned records
- Under HIPAA, "reasonable steps" must be taken to keep records secure
- Off site considerations

What reasonable steps do you take at your organization?

- Automatic log-outs of electronic record and computers when idle
- Password protection
- Unique username and passwords for each staff member
- Screen covers for phones, tablets, laptops if used in public places
- Noise machines
- Monitor copy and fax machines for PHI
- Locking doors and cabinets

What helps keep PHI safe in a scattered site model?

- Have clear policies and procedures regarding sending electronic records or data to a central records system, copying information, and transportation of paper files

- Establish schedules for submitting tenant data to central records

- Ensure access to centralized records for staff who travel

- When possible, have locked office or storage space at frequently visited sites for paper records

- Secure your laptop! Passwords, fingerprint readers

- Train staff on how to maintain confidentiality in the community

Where might you need to use extra caution when handling PHI?

- talking about a client in a public area

- photocopying ID cards and faxing prescriptions

- handling discharge papers and forms with the client's name, address, or date of birth

- a hallway conversation between two staff members about someone's care

Recommend posted reminders for staff NOT to engage in hallway conversations

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Suggested To Do List:

- Annual HIPAA training for all staff who have access to PHI
- Review data systems with your vendors for HIPAA compliance.
- Perform a risk analysis of your current policies and apparatus to protect confidentiality.
- Designate a staff person who is responsible for developing and implementing its security policies and procedures. This is your HIPAA compliance officer.
- Revise Policies and Procedures to
  - Analyze Risk of a breach and take appropriate measures to limit risk
  - Designate staff positions has having PHI access

New to Medicaid? New Considerations Apply:

- HIPAA
  https://www.hhs.gov/hipaa/forprofessionals/training/index.html
- False Claims Act
  - Federal DOJ on False Claims Act
- Anti-Kickback Statute
  - HHS on the Anti Kickback Statute).
- OIG
  - "CMS should ensure that Medicaid data are complete, accurate, and timely. This can be achieved through CMS's monitoring of State-submitted managed care encounter data and by implementing the national Transformed Medicaid Statistical Information System."
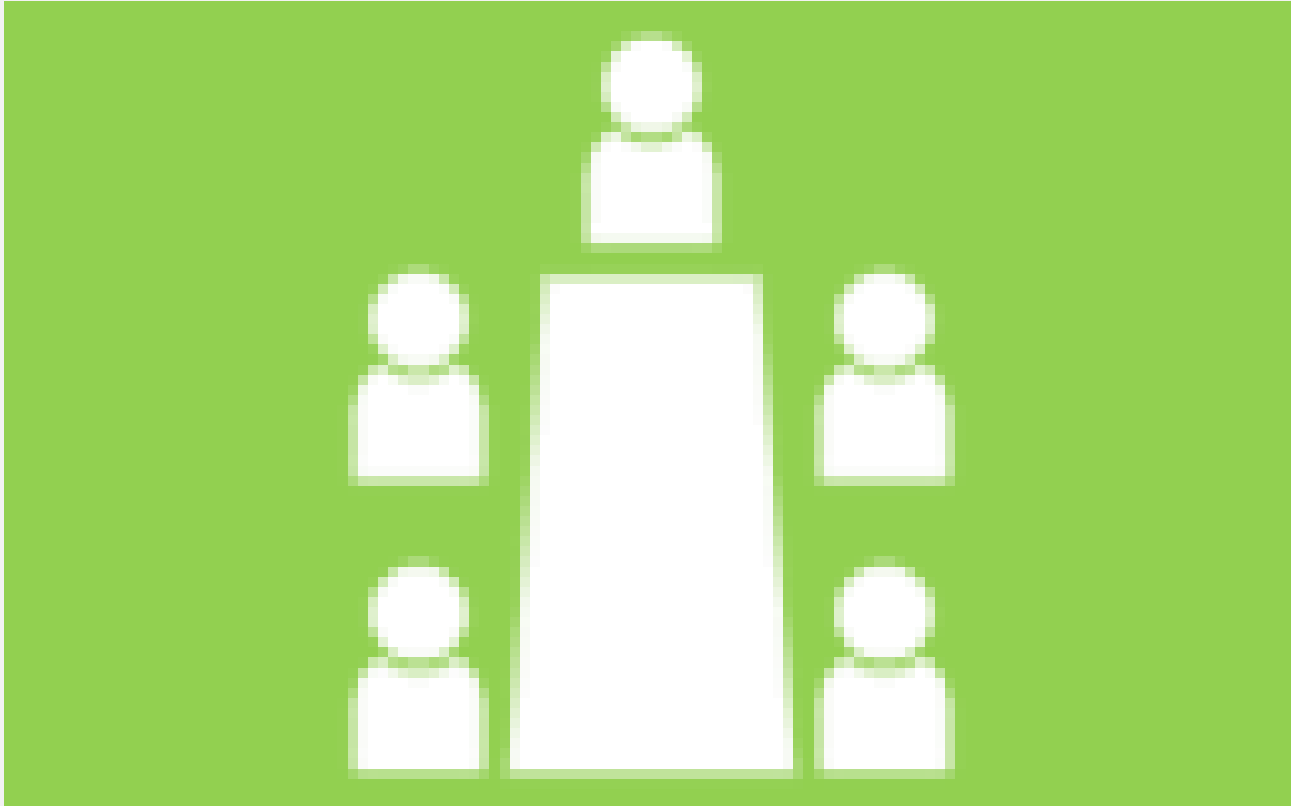   - *HHS / OIG Compendium of Unimplemented Recommendations | April 2016*

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Break Out Room Question

Reviewing your agency's policies and procedure list and contents...

What needs to be added? Revised?

15 minutes in your agency groups

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Open Lines of Communication

- What mechanisms do you have in place for staff to report issues and concerns? Anonymously and without retaliation?

- What mechanisms do you have in place to share important information with staff?

- What mechanisms do you have in place to share information with your Board? Regular meetings with direct communication with the compliance program?

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Training and Education Programs

- Regularly review and update training programs. Use "real-life" examples.

- Make training completion a part of onboarding, a regular job requirement and requirement for the Board.

- Test employees' understanding of training topics.

- Maintain documentation to show which employees received training.

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Onboarding Trainings:
suggested time frame - first month

- Non-discrimination
- Equity and Inclusion
- Client Rights and Responsibilities
- Staff Rights and Responsibilities
- Other HR policies
- Organizational mission, vision and value statements
- Collecting and Storing Client Data, Data Security (HIPAA)
- Mandated Reporting and Documentation
- Duty to Warn, Suicidal Behavioral, and Client Safety
- Corrective Action and Disciplinary Processes

Training: suggested time frame - first 90 days

- Records Requests, Sharing, Storing, and Auditing

- Health Emergencies and Communicable Diseases

- Quality Improvement Activities and Internal Auditing

- Assessments and Service Planning

- Urgent and On-Call Services

- Safety, Conflict Resolution, and De-escalation

- Client Grievance Processes

- Client Satisfaction Surveys

- Staff Supervision Standards and Processes

- Documentation

First Year and Annual Staff Training: Operational

- Mandated Reporting
- Client Documentation
- Duty to Warn, Suicidal Behaviors, and Client Safety
- Emergencies and Safety Training
- Communicable Disease Training
- HIPAA Compliance Training
- Record Request

First Year and Annual Staff Training: Clinical

- **Housing First**
- **Harm Reduction**
- **Assertive Engagement**
- **Motivational Interviewing**
- **Trauma Informed Care**
- **De-escalation/Crisis Intervention**
- **Cultural Competency**

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Staff Supervision and Case Conferencing

- **Supervision** is an opportunity to review policies and procedures, support staff in understanding agency values and decision-making, and imparting best-practice knowledge and examples to front-line service staff.
- **Case conferencing** allows staff members to plan for next steps and review past actions, based on agency policies, standards, values and procedures. It can also be a valuable tool in creating new procedures.

Wrapping Up: Learning and Improvement

- Policies - what you do / Procedures- how you do; should be informed by staff and clients
- Policies reviewed and approved by Board of Directors
- Procedures - Don't normally have to be approved by the Board so easier to revise.
- Policies and procedures reviewed annually to meet changing needs of organization and achieve compliance with laws, rules, and funding requirements.
- Process for policy and procedure development and approval.
- Training plan for onboarding and ongoing

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Breakout Room Questions
Add to your
Agency's Work Plan

15 minutes in your agency groups

-Who is the agency lead on Policies and Procedures? What state are they currently in?
- Who's leading the revisions needed to shift to Medicaid?
- How are we gathering feedback from our staff and service participants to inform the revision process?

Sample Work Plan

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THANK YOU

Please join us again for one of our many course offerings.
Visit **www.csh.or/training**

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