

Minnesota Housing Stabilization Services (HSS) Medicaid Academy

**Modified and
updated
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Session 5: Policies and Procedures

February 2nd 10 a.m.-1 p.m. CT



Ei-Consultants



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Key Takeaways

Understand
the elements
of effective
compliance
programs

Become familiar
with Medicaid
required
policies and
procedures

Identify areas
needing
further work
and create
next steps



Tool Alert:

Sample Draft Policies and Procedures

Seven elements of effective compliance programs:

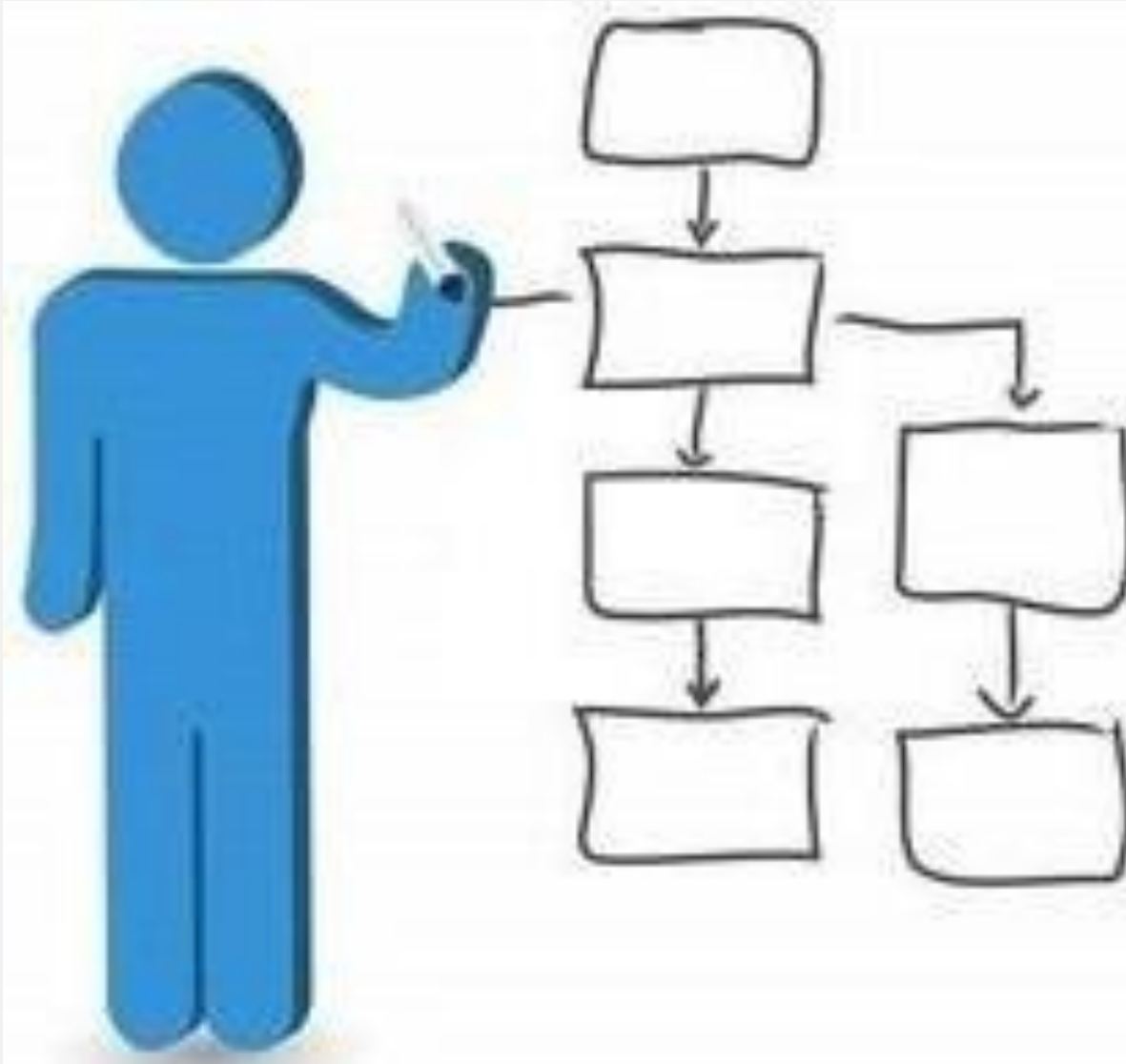


- Compliance Officer
- Internal Monitoring and Audits
- **Written Standards and Policies**
- **Training and Education Programs**
- **Open Lines of Communication**
- Respond to Detected Problems
- Disciplinary Standards

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 process.



Stand Alone Policies

HR, Operational, and Client Services

- Non-discrimination
 - Client Rights and Responsibilities
 - Staff Rights and Responsibilities
 - Volunteer and Intern Rights and Responsibilities
 - Other HR policies
 - Data Privacy
 - Organizational mission, vision and value statements
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Programmatic Policies and Procedures

Written policies (standards of conduct) and procedures (steps to accomplish the policy) may cover topics such as:

- Eligibility
- Enrollment
- Billing
- Service Plans
- Clinical records- contents and storage
- Privacy Policy
- Critical Incidents
- Client rights
- Client consent/release of information policies and procedures



Policies with Accompanying Procedures

Operations

- 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 documentation

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?



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


HIPAA Protects Client Rights

Clients have the right to:

- ask 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



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

What reasonable steps do you take at your organization?

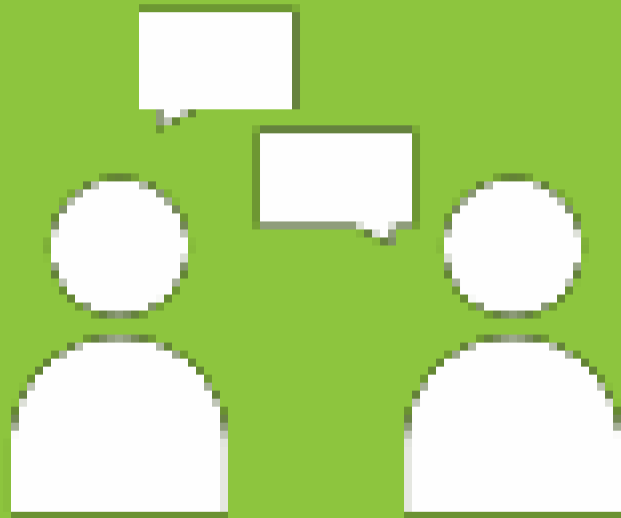
- Automatic log-outs of electronic record and computers when idle
- Password protection
- Unique username and passwords for each staff member
- Screen covers for phones, tablets, laptops if used in public places
- Noise machines
- Monitor copy and fax machines for PHI
- Locking doors and cabinets

What helps to 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



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




Recommend posted reminders for staff NOT to engage in Hallway conversations

- 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



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.
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Policies and Accompanying Procedures

Client Services

- Consent for Service
- Client Privacy and Release of Information (HIPAA)
 - [Example policy](#)
- Assessments and Service Planning
 - [Example Assessment](#)
- Urgent and On-Call Services
- Safety, Conflict Resolution, and De-escalation of Aggressive Behaviors
 - [Sample Safety Guidelines](#)
- Child and Adult Abuse Mandated Reporting and Documentation
 - [MN Mandated Reporter Training](#)
- Client Grievance Processes
 - [Example Policy](#)
- Client Satisfaction Surveys

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?

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.

Onboarding Trainings- suggested time frame -first two weeks

- 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





Annual Staff Training

- **Mandated Reporting and Documentation**
- **Duty to Warn, Suicidal Behaviors, and Client Safety**
- **Emergencies and Safety Training**
- **De-escalation/Crisis Intervention**
- **Cultural Competency**
- **Communicable Disease Training**
- **HIPAA Compliance Training**
- **Other HSS and agency required training**



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 it
- Policies reviewed and approved by your Board of Directors
- Procedures written by staff, informed by clients and staff. Not all procedures apply to all staff. Tailor your trainings and supervisions.
- Policies and procedures reviewed annually to meet changing needs of organization and achieve compliance with laws, rules, and funding requirements.
- Be sure to outline your process for policy and procedure development and approval.





THANK YOU

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