



Regional Compliance Committee CHARGE

PARTNERSHIP VISION

Recognition as a model of excellence for a system of care that is confirmed by our customers' successes

PARTNERSHIP MISSION

To assure the delivery of quality services to consumers so as to achieve their desired outcomes

VALUES

- Shared Vision/Mission
- Consumer involvement in all areas of the affiliation.
- Diversity
- Leadership across the community and the state.
- Continuous learning and improvement
- Meaningful outcomes

WORKGROUP PURPOSE

To ensure continuous monitoring and oversight of regional compliance with applicable federal, state and local laws, rules regulations, and other applicable regulatory standards.

The task of this committee is to:

- Disseminate any new laws or standards or changes in laws or standards to the appropriate departments and administrative leaders.
- Develop regional and local plans to identify and address risk areas and monitor risk compliance plans.
- Regularly review all laws, rules, regulations, or standards to determine implications for the region.
- Recommend changes to policies, procedures, or structures and to revise regional compliance policies in conjunction with changes in standards and plans of correction to comply with evolving laws, rules, or regulations.
- Perform compliance monitoring activities for the affiliation through a flow system that includes identifying programmatic areas of need for compliance action; ensuring plans of correction are completed, and communicating plans/outcomes where needed.
- Monitor HIPAA regulations, provide interpretations and identify any needed changes to policy, procedures or practice; assure semiannual privacy/confidentiality walkthroughs and annual risks assessments are completed for each member of the affiliation.
- Monitor plans of correction for all audits/site visits in the regional affiliation.
- Monitor JCAHO standards; provide interpretation and recommendations on areas of need for the affiliation.
- Perform oversight of CSSN monitoring of compliance-related delegated functions.

STRATEGIC PLAN ALIGNMENT

The Regional Compliance Committee (RCC) Charge and Work Plan focus on compliance across the affiliation. Compliance incorporates every aspect of how the region provides services, both with direct service and clinical care but also with administration. These various standards and criteria ultimately ensure that consumers receive high level services with consistency from program to program and county to county.

INDICATORS/MEASUREMENTS

List the indicators/measurements related to the purpose of this committee that when monitored will be considered a success if the following critical success factors are achieved.

The indicators should be directly aligned with the outcomes of the strategic plan.

- All Approved Plans of Correction will be implemented by the specified completion dates.
- Affiliation will receive “met” on at least 85% of standards for the EQR review. (Dash Board Indicator)

CHANGE PROCESS

Should the scope of the original purpose of the Committee need to be re-examined, the committee chair will bring the recommended change to the PI committee for input and approval to amend the purpose of the committee charge.

COMMUNICATION PLAN

The RCC will meet monthly with an identified agenda based on input from the committee members and the committee work plan. Committee members will attend meetings regularly and report on behalf of the counties they represent. Members will then relay information to the appropriate people at their respective counties to gather input and feedback as needed so that they can report it to the entire committee at the next regional meeting.

The Committee chair will periodically provide updates to the PI Committee on the progress the Committee is making on addressing the purpose stated in the charge.

- Progress reports and indicator reports will be given to PI at least quarterly.
- Project Chair will attend Regional PI monthly and report as needed.

CONSUMER ROLE and or PLAN FOR CONSUMER INVOLVEMENT:

Consumer input will be provided to this committee and the work of this committee in multiple ways. The committee will make specific requests for input to the Regional Consumer Advisory Council. The committee will also seek to have consumers involved in work groups created to complete compliance committee projects as work group members or by obtaining feedback with focus groups.

RELATIONSHIP to PERFORMANCE IMPROVEMENT:

Committees are charged through various means. **One** is through the Affiliation Executive Committee where a committee is charged to address the regionalization of certain functions with the affiliation. **Two** is through the committee itself. A Committee may determine that in addition to the charge of the AEC, there are other areas that need to be addressed within the scope of the committee's purpose. **Three**, a committee may be charged to address a specific recommendation/issue/innovation or improvement opportunity that is brought forward to the PI Committee to be resolved.

Through any of the above mentioned methods that a committee is charged, the committee will report to the PI Committee its status on the implementation of the charge which may include items in an Action Plan and or the reporting of data from indicators being tracked/monitored by the committee.

The PI Committee in turn will report the work of the PI Team to the Affiliation Executive Committee during its periodic reports.

REPORTING RELATIONSHIP:

The RCC will create and form workgroups as necessary in order to carry out the objectives of the Work Plan. Work groups will report directly to the RCC during the regular monthly meetings. The minutes will reflect any documents requested/required for reporting purposes and the frequency or due dates.

RESOURCES:

Corporate Compliance Manual for Behavioral Healthcare Providers, Thorton, Mary;
National Council for Community Behavioral Healthcare, December
1999

HIPPA web links: <http://hipaadvisory.com/>
<http://csrc.nist.gov/publications/nistpubs/index.html>
<http://www.cms.hhs.gov/hipaa/hipaa2/education/infoserie/>

CMS web links: <http://www.cms.hhs.gov/>

BBA web links: <http://www.healthlaw.org/bba.shtml>
<http://thomas.loc.gov/cgi-bin/query/z?c105:H.R.2015.ENR:>

Federal legislative links:

<http://thomas.loc.gov/>
<http://listserv.access.gpo.gov/>
<http://www.gpoaccess.gov/cfr/index.html>
<http://www.gao.gov/decisions/majrule/majrule.htm>
<http://www.hhs.gov/>

State legislative links:

<http://www.legislature.mi.gov/>
http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html

(Medicaid Provider Manual)

<http://www.michigan.gov/mdch/>

JCAHO web links:

<http://www.jcaho.org/>
<http://www.jcrinc.com/>

General guide for healthcare resources:

<http://www.pohly.com/admin3.shtml>

ROLE of the CHAIR:

The role of the Chair is to coordinate the meetings which include but not limited to:

- Providing members the necessary materials needed for participating in meetings.
- Facilitate meetings
- Use regionally agreed upon process to assist in the facilitation i.e. problem solving methods, conflict resolution
- Field information between the Committee, each county and the PI Committee
- Accountable to ensure that each local county has the necessary information to implement regionally agreed upon activities.

ROLE of the MEMBERS:

The members of the committee are accountable for:

- Coming prepared to meetings to allow for active participation.
- Serve as a liaison to relay information between the committee and the local affiliate.
- Disseminate compliance matters/information with respective local CMHA.
- Complete any tasks identified within the committee or workgroups within the time frames identified in the plan or as reflected in the minutes.

MEMBERSHIP:

NAME	ROLE	E-MAIL	PHONE / PAGER
Kathy Reynolds	AEC Coach	reynoldsk@ewashtenaw.org	734-544-6813
Suzanne Kapica	Committee Chair	kapicas@ewashtenaw.org	734-544-6830
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