Washington, DC
Housing Supportive Services (HSS)
Medicaid Academy

Session 4: Policies and Procedures

August 2, 2022

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Welcome to The Washington, DC Medicaid Academy

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Meet Our Training Team

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Your Agency's Team Includes:

Executive Lead

Program Lead

Fiscal Lead

Quality Lead

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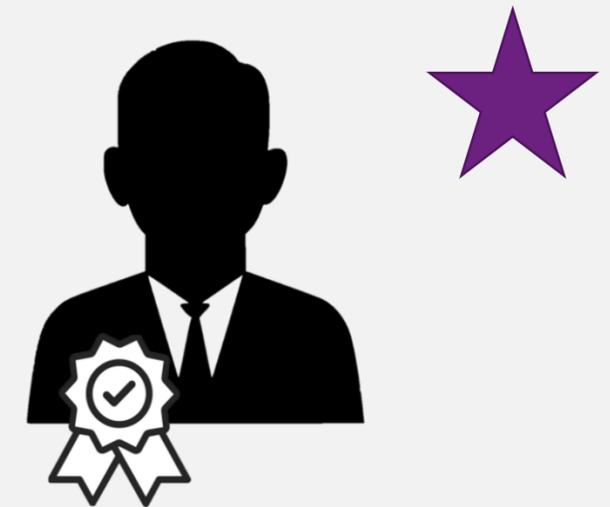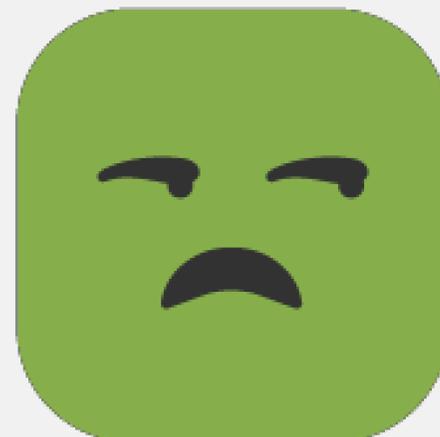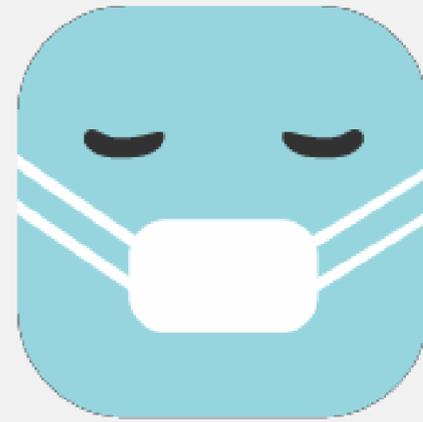
Breakouts

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How is everyone doing today?

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Plan for Today: Session 4

- ✓ Understand the elements of effective compliance programs
- ✓ Become familiar with important policies needed for Medicaid
- ✓ Understand the function of Policies and Procedures manual for your agency
- ✓ Identify areas for focus for your agency
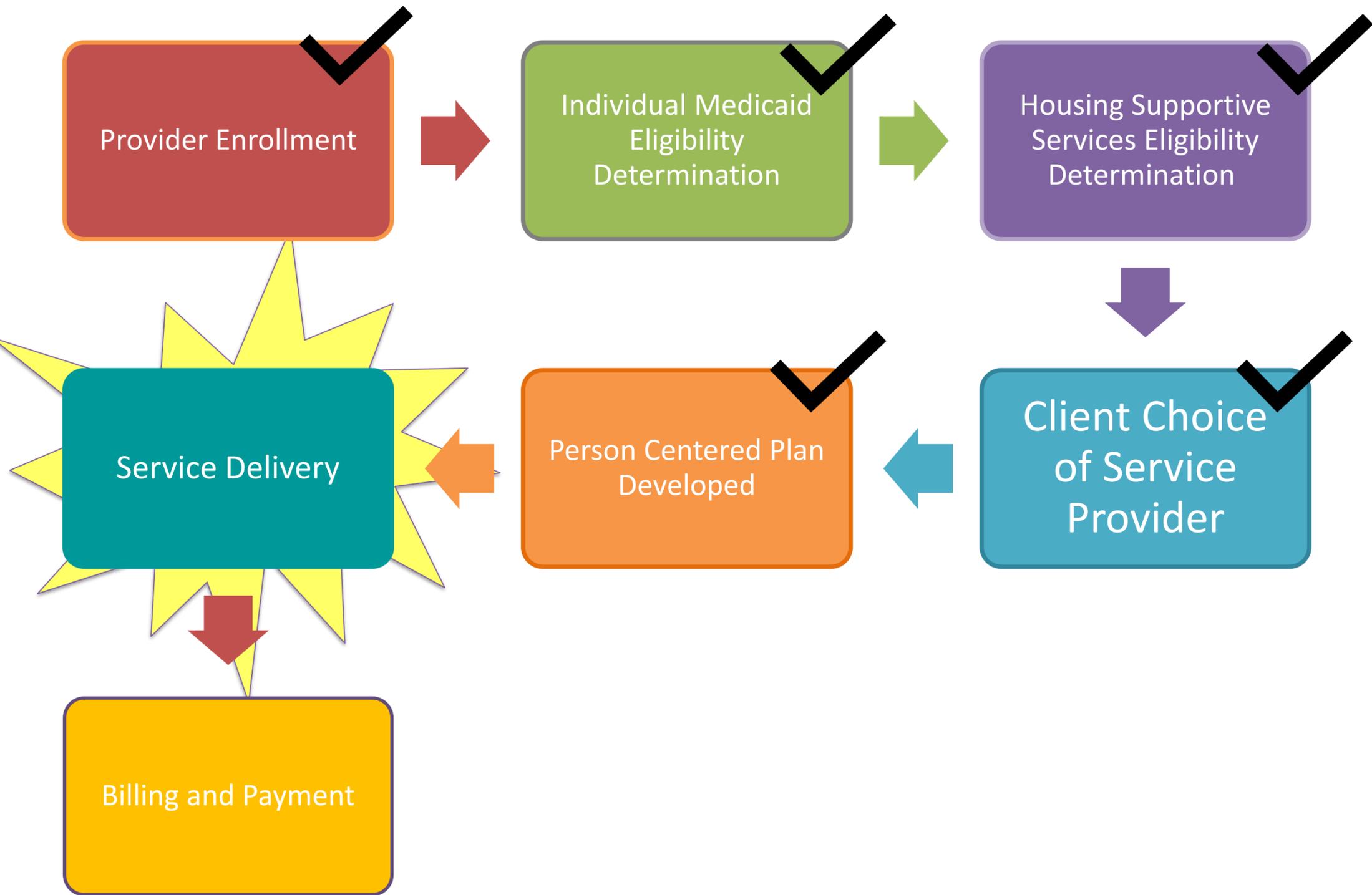
Medicaid Housing Supportive Services Process

Provider Enrollment → Individual Medicaid Eligibility Determination → Housing Supportive Services Eligibility Determination

Service Delivery ← Person Centered Plan Developed ← Client Choice of Service Provider

Billing and Payment

Developing A Service Delivery Plan

Estimating Costs: Providers will engage in estimating Programmatic, Strategic, Analytical and Logistical Costs Costs for Medicaid Transition

Estimating Revenue: Providers will engage in estimating revenue in relation to their cost of care.

Estimating Productivity Standards: Providers will engage in outlining policies and procedures for service delivery

Policies

"A policy is a guiding principle used to set direction in an organization."

Bizmanuals.com

Policies are your strategies, your principles, your rules.

PRIVACY POLICY

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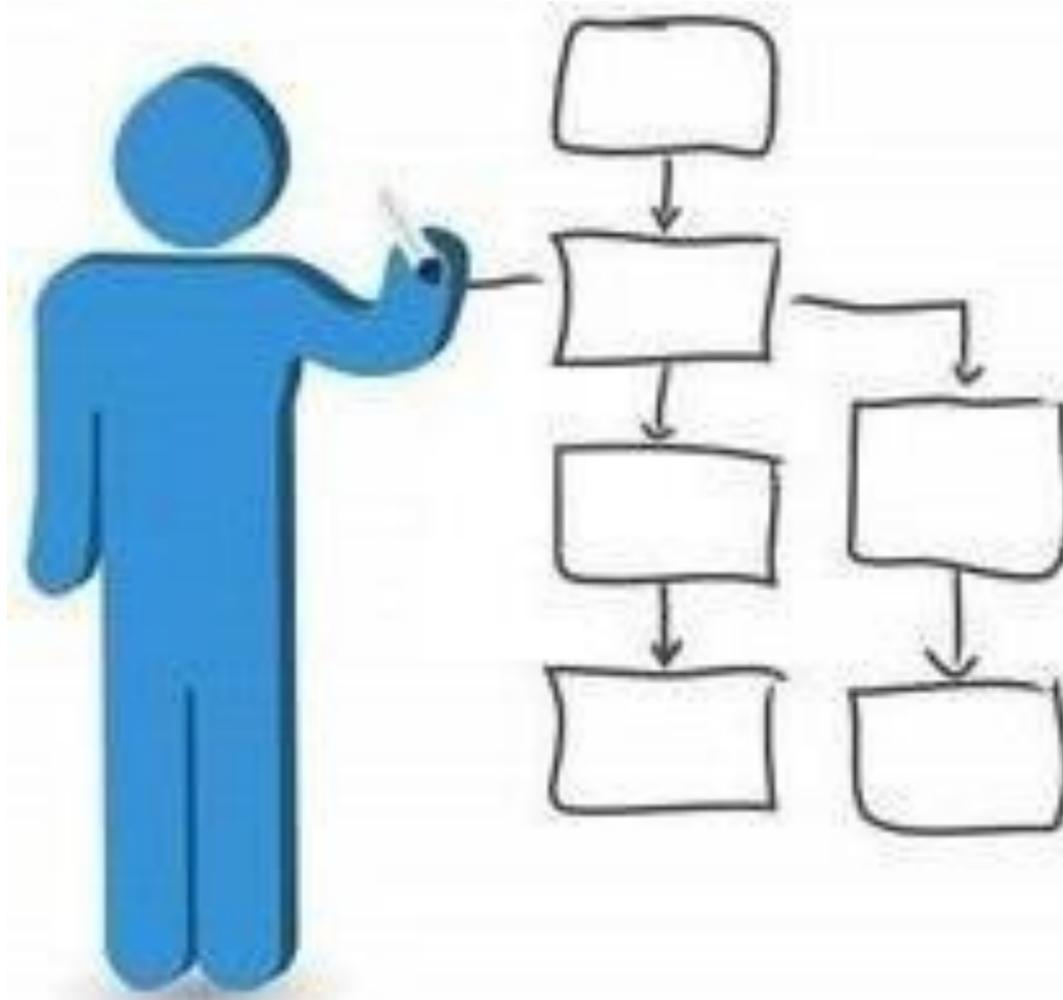
Procedures

"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.

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Example Policies and Procedures

Contents
Use of this Document
Introduction
Medical Assistance Eligibility
Referral and Enrollment Process
Housing Transition Services
Remote Support
Housing Sustaining Services
Remote Support
Billing

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Example Policies and Procedures

Service Plans
Filing A Complaint or Grievance
Request to Change [PROGRAM NAME] Provider
Crisis Intervention
Participant Records Storage and Retention
Quality Improvement (QI)
Quality Management and Outcomes
Health Emergencies and Incident Management
Staff supervision
Staff Training

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Example Policies and Procedures

Supervision
Staff credentials
Procedure
Privacy Policy
Mandated Reporting and Duty to Warn
Fair Housing Policy
Housing Integration
Decent, Safe and Affordable Housing
Request for Reasonable Accommodations
Religious Discrimination Policy

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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

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**
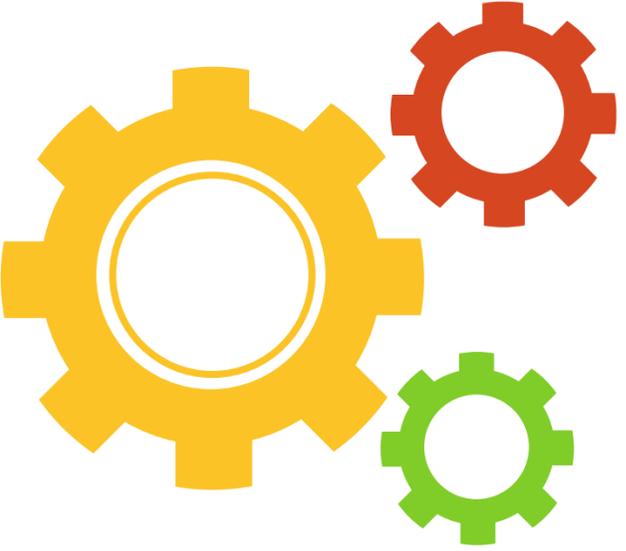
Operations

Policies with Accompanying Procedures

- **Collecting and Storing Client Data, Data Security**
- **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**

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Client Services

Policies with Accompanying Procedures

- **Consent for Service**
- **Client Privacy and Release of Information**
- **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 Accompanying 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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How Do You Feel When You Hear The Word...

HIPAA

HIPAA Compliance

DHS is NOT requiring HIPAA Compliance for PSH Providers

If Your Agency Chooses to Go with HIPAA Compliance: 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.

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HIPAA Key Terms

- Confidentiality

- Protected Health Information (PHI)

- E-PHI

- Covered Entity

- Held vs Transmissible Data

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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

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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

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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 the community.

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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

We 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 having PHI access.**

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New to Medicaid? New Considerations Apply

- 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

- HIPAA
- https://www.hhs.gov/hipaa/forprofessionals/training/index.html

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Questions
&
Answers
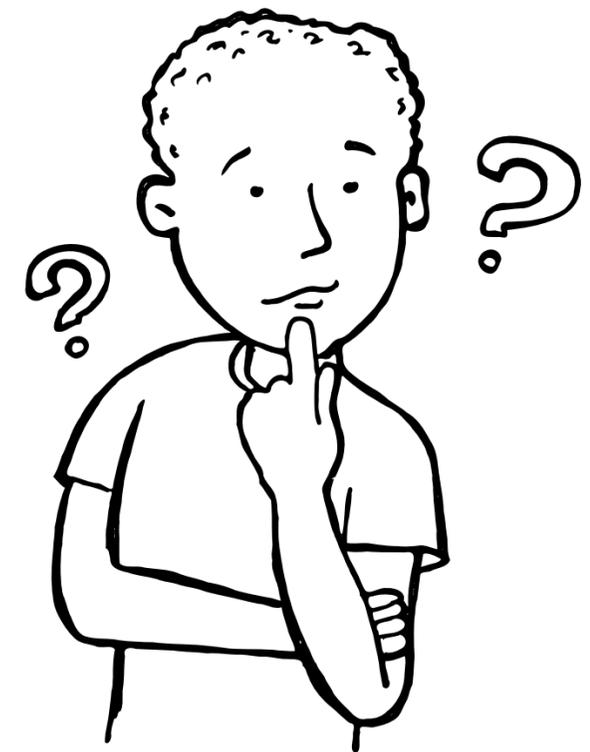
BREAKOUT

Review Your Agency's Policies and Procedure List and Contents

What needs to be added? Revised?

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REPORT OUT

Review Your Agency's Policies and Procedure List and Contents

What needs to be added? Revised?

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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?

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

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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**

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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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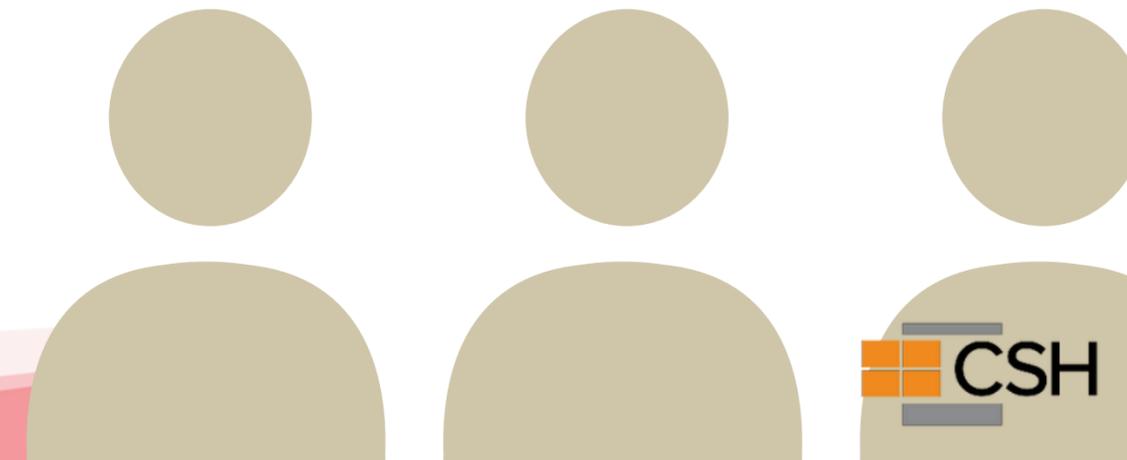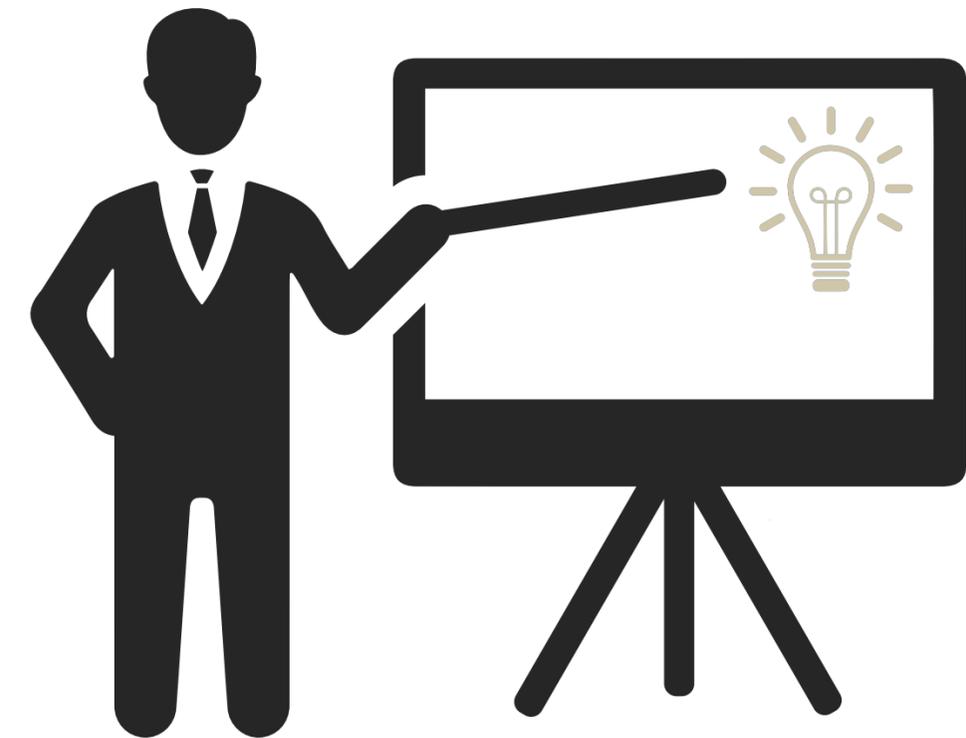
Staff Supervision and Case Conferencing

- 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.

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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 a requirement for the Board.

- Test employees' understanding of training topics.

- Maintain documentation to show which employees received training.

Breakout Room Questions
Add to your
Agency's Work Plan
based on what you have
learned so far

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REPORT OUT

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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DC Medicaid Academy Schedule

Up Next

Q&A on today's session
Thursday, August 18th 12 PM about what we learned today.

Session 5: Billing & Documentation
Tuesday, August 23, 2022
3 PM -5PM EST

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Planning ahead for Session 5

Who needs to attend:
Executive Director, Fiscal Lead, Program Lead and QI

What do you need to gather and have access to during Session 5:

❑ Progress Note

THANK YOU

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