

# PROVIDER POINTES

VOLUME 6

DECEMBER 2020

## 'TIS THE SEASON



### A BITTERSWEET MOMENT

This holiday season may feel a little less celebratory than usual. Our trips to the grocery store are limited, our loved ones are at least six feet away, and our hands are raw from constantly washing them. The one thing we have been able to count on is the continued dedication and support from our Provider Network. Because of you, we can rest knowing that our customers are receiving the care they need. And that's pretty sweet.

### JAMMED INSIDE:

- ***Video Surveillance in AFC homes***
- ***Recipient Rights training and annual staff check reminders***
- ***Leaves of Absence***
- ***Corporate Compliance Programs***
- ***Incident Report Submission***

# VIDEO SURVEILLANCE IN AFCs

by Kent Rehmann

No video recording or live feed should be used in an AFC, especially for the simplification of services or replacing of monitoring residents by staff. The following points were outlined by MDHHS-ORR previously this year:

*"...It is clear based upon the language in MCL 330.1724 that video surveillance (with or without recording) was not intended to be utilized in a recipient's own home for the purpose of safety, security, or quality improvement. If a video recording for the purpose of providing services or for education and training is needed, then justification for the use of video-recording must be documented in the IPOS of the individual receiving services and specific consent must be documented in the individual's record. Other individuals whose image may be recorded in the setting must also give consent. Neither video surveillance in a psychiatric hospital or video recording in an AFC setting can be used as a substitute for appropriate supervision or for the convenience of staff..."*

Photographs, including motion pictures and recordings, may be taken and used in home or community-based service settings only when all criteria below are met:

1. Prior and expressed written consent is obtained...
2. It is used to provide service including research, education, or training...
3. It is done in order to provide services to a recipient, while assuring their health and welfare, in accordance with their individualized plan of services (IPOS) developed through the person-centered planning process...
4. It is kept confidential and maintained in the recipient's record until discharge or until the purpose for which the photograph/video/audio ceases to exist.

## RECIPIENT RIGHTS TRAINING

Going into the new year, we will continue to hold Recipient Rights trainings for new and existing staff every other Tuesday at 10 am. The [2021 schedule](#) is available through the link here or on our website.

Providers will be required to send us a spreadsheet containing the names, hire dates, and initial Recipient Rights training dates at the end of every fiscal year. We recommend that you start logging that information now on the spreadsheet linked below to save time later.

[Recipient Rights Staff Training Log](#).





# LOA



## LEAVE OF ABSENCES FOR THE HOLIDAYS WERE ADVISED BY MDHHS-ORR IN A MEMO; HERE ARE THE HIGHLIGHTS:

The November 18 epidemic order issued by MDHHS limited indoor gatherings to no more than two households. This order does not prohibit residents of the facilities above from leaving a care facility; however, it is recommended that:

- **Residents be strongly encouraged to stay in place**, especially in light of increasing prevalence of COVID-19 cases
- Providers and direct care staff educate residents and their family and friends on the associated risk of leaving a care facility and attending gatherings with family and friends as well as the steps they should take to reduce the risk of contracting COVID19
- Providers encourage residents to stay connected with loved ones through alternative means of communication, such as phone and video communication

Care facilities should follow the recommended protocols outlined below to mitigate the spread of COVID-19 if a resident chooses to leave the care facility even after being provided such counseling:

- Limit close contact (maintain physical distancing of six feet or more), adhere to the gathering restrictions in the November 18, 2020 order, and use technology to engage with others remotely.
- Wear a facemask or cloth face covering at all times (including in cars, homes, restaurants, etc.) unless actively eating or drinking, or medical exemptions apply.
- Limit contact with commonly touched surfaces or shared items.
- Keep safe around food and drinks. Avoid communal serving utensils, passing of food, and potluck or buffet style food service, and instead opt for individually prepared plates by a single server.
- Perform hand hygiene often (e.g., wash hands with soap and water or 60% alcohol-based hand sanitizer).
- Avoid large gatherings, crowded areas, and high-risk activities such as singing.
- For those attending a gathering, avoid contact with individuals outside of their household for 14 days prior to the gathering if possible and follow MDHHS's guidance for safe social gatherings.
- Anyone who has signs or symptoms of COVID-19 or has been exposed to someone diagnosed with COVID-19, should not attend gatherings.
- If possible, conduct gatherings outdoors. Indoor gatherings should have good ventilation, open windows, and doors if possible.
- Verbally greet others instead of shaking hands or giving hugs. Think ahead about how you will manage to prevent physical interactions with loved ones of different ages such as young children.
- All residents that leave the care facility should be screened upon return and if symptomatic, the resident should be placed in isolation immediately and their health care provider or the local health department should be contacted for additional guidance.
- Strictly adhere to all testing, visitation, and re-entry after visitation requirements for care facilities subject to the October 21, 2020 Epidemic Order (or any subsequent testing order) or October 29, 2020 Epidemic Order.



**As always, please work with the case managers, guardians, and any treatment orders that are in place. If you have questions, please contact Kent Rehmann, 269-441-5966.**



# COMPLIANCE

by Cherlynn King

Corporate Compliance programs were born out of the Deficit Reduction Act which requires employees to report known compliance concerns, as well as advocating for continuous auditing and monitoring. These two things were identified as having an impact on the reduction of potential fraud, abuse or waste of system resources.

Corporate Compliance programs can look very different depending on the size of the health care agency and the type of healthcare services provided. There is a national model that is used to assess the quality of a compliance program. Each element of this model is listed below, with an example of what this would look like for our Specialized Residential and Community Living Supports programs.



**Standards of Conduct:** All agencies are required to have a Code of Conduct (or Ethics), SWMBH has one on their website, available to use or a starting point for developing your own. Policies and procedures are another way to demonstrate expectations or standards of conduct.

**Education and Training:** Education and training are required annually. Compliance trainings can be done in a variety of ways: email blasts, games and prizes for staff engagement. Compliance trainings/engagement activities should happen more than once a year.

**Designation of Compliance Officer:** This can be a certified compliance officer or, with our smaller providers, this can simply be a designated staff person who is responsible for staff engagement in activities and triaging concerns.

**Effective Communication:** How can staff report concerns that they may have? Is there a retaliation policy? Who is an unbiased person who can field these? What if the staff have concerns with the agency or owner/CEO?

**Discipline and Enforcement:** This will be individualized per your agency practices, although holding people accountable will be easier with a Code of Conduct and policies/procedures that can be referenced.

**Auditing and Monitoring:** All agencies (large or small) should do spot checks on documentation and billing practices to ensure compliance with Medicaid requirements and guidelines.

**Response and Prevention:** This will also be individualized on how your agency will decide to handle and respond to concerns or complaints. When a complaint comes in, is it logged? Is there a committee? Who is involved in the follow up?

---

Corporate Compliance training for direct care workers should start with a Code of Conduct and robust agency policies/procedures. These set the expectations of the agency for their employees. Code of Conducts should include things like how to protect personal health information of the residents (both written and verbal), how to conduct themselves professionally, the importance of accurate documentation, and the agency's commitment to healthcare compliance.

There are many compliance resources online. Please feel free to reach out if you have any questions!



# REMINDERS

## INCIDENT REPORT (IR) SUBMISSION

by Bridget Avery

We have noticed a drop in incident reports submitted since June, and have heard of several customer incidents for which we did not receive IRs. Please be sure to have your IRs to us within 24 hours of an incident.

- The best way to submit an incident report is through encrypted email to [#performanceimprovement@summitpointe.org](mailto:#performanceimprovement@summitpointe.org). The # is important. Without it, we will not receive it.
- A second option is if you do not have an encryption email system, you can ask Bridget Avery for an encrypted email to reply within our own system. Email her with this request at [bma@summitpointe.org](mailto:bma@summitpointe.org)
- The third option is less desirable as we are not in the office as often due to COVID guidelines from the state. However, if neither of the above options are working, you can still fax at one of the following two numbers: 269-966-2844 or 269-966-1777. If one number does not work, please try the other.

Please check to ensure all IRs have been sent. We are not requesting you resend those you have already sent to us. Thank you!

## Recipient Rights Checks

for Specialized Residential Providers should be completed for new hires and annually thereafter. Cherlynn will be requesting these during Compliance audits.



**Shout out to LADD, who was recently reviewed, and has a very well developed compliance program!! Thank you LADD for your commitment to healthcare compliance!**