

**AGENDA**  
**ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD**  
**Tuesday, November 16, 2021 at 5:30 P.M.**  
COUNTY SERVICES BUILDING, 3283 122<sup>ND</sup> AVENUE, ALLEGAN  
Allegan County Commission Board Room

***NOTE: In-person attendance capacity is limited. Masks are required.***

1. Call to Order – Commissioner Gale Dugan, Chairperson
2. Pledge of Allegiance
3. Provision for Public Comment – Agenda items only, subject to 5” limit per speaker
4. Approval of Agenda
5. Consent Agenda – *All items listed are considered to be routine and will be enacted by one motion. There will not be separate discussion of these items. If discussion is desired, that item will be removed from the Consent Agenda upon request of any board member and will be considered separately.*
  - a. **Motion** – Approval of prior minutes:
    - i. Board Meeting (10-19-21)
    - ii. Finance Committee Meeting (10-19-21)
    - iii. Program Committee Meeting (10-19-21)
    - iv. Executive Committee Meeting (11-12-21)
6. Program Committee – Commissioner Jim Storey
7. Finance Committee Report – Beth Johnston
  - a. **Motion** – Approval of Voucher Disbursements
8. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse
9. Chairperson’s/Executive Committee Report – Commissioner Gale Dugan
  - a. Executive Committee Report
  - b. LRE updates
10. ACCMHS Executive Director’s Report – Mark Witte
11. Provision for Public Comment (any topic, subject to 5” limit per speaker) –
12. Board Member Comments

**2021 Board meeting dates:**

January 19 (Zoom)	April 20 (Zoom)	July 20 in-person/Zoom	October 19
February 16 (Zoom)	May 18 (Zoom)	August 17	November 16
March 16 (Zoom)	June 15 (Zoom)	Sept 21	December 21

## MINUTES

### **ALLEGAN COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD**

**Tuesday, October 19, 2021 at 5:30 P.M.**

COUNTY SERVICES BUILDING, 3283 122ND AVENUE, ALLEGAN  
Allegan County Commission Board Room

**1. Call to Order** – Comm. Gale Dugan, Chairperson

At 5:32p.m. Comm. Dugan welcomed everyone and called the meeting to order.

Present: Comm. Mark DeYoung, Comm. Gale Dugan (from Otsego Township), Glen Brookhouse, Alice Kelsey (from Martin), Beth Johnston (from Watson Township), John Weerstra, Bill Buell, Emily Schwartz (from Allegan Township), Craig VanBeek

Absent: Amy Clugston, Comm. Jim Storey, Kim Bartnick

Staff: Mark Witte, Gary Smith, Dan Welburn, Leanne Kellogg, Geniene Gersh, Nan Lawrence, Kelsey Newsome, Brenda Polmanteer

Visitors: Steven Johnson, Jay Roberts Eveland

**2. Pledge of Allegiance** – Recited

**3. Provision for Public Comment** – None

**4. Approval of Agenda**

Mr. Dugan added item #5, Recognition of Service for former Board member Tom Belco and noted #13 Request for Closed Session (which would become #14).

MR. DEYOUNG MOVES TO APPROVE AGENDA AS AMENDED. MR. BROOKHOUSE SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.

**5. Presentation to Tom Belco:**

Comm. DeYoung presented a plaque to Mr. Belco for his years of service on the ACCMHS Board of Directors. The Board thanked Mr. Belco for his past service. Mr. Belco stated he has appreciated the Board and staff while he served on the Board.

**6. Consent Agenda** – *All items listed are routine and to be enacted by one motion.*

**a. Recommended Motion:** Approval of prior minutes for the following:

- i. Board Meeting (09-21-21)
- ii. Finance Committee Meeting (09-21-21)
- iii. Program Committee Meeting (09-21-21)
- iv. Recipient Rights Advisory Committee Meeting (08-17-21)
- v. Executive Committee Meeting (10-15-21)

COMM. DEYOUNG MOVES TO APPROVE THESE MINUTES AS PRESENTED. MS. JOHNSTON SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.

**7. Program Committee – Alice Kelsey, Vice-Chair**

Ms. Kelsey presented on behalf of the Program Committee. Ms. Kelsey briefly reviewed the activities of the Program Committee, highlighting reports of interest.

**8. Finance Committee Report – Beth Johnston, Treasurer**

- a. **Motion request to approve Voucher Disbursements totaling \$3,758,019.49.**  
MR. BROOKHOUSE MOVES TO APPROVE THE VOUCHER DISBURSEMENTS TOTALING \$3,758,019.49. MR. VANBEEK SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- b. **Motion request to authorize the Executive Director to sign MDHHS Contract for FY2022**  
COMM. DEYOUNG MOVES TO AUTHORIZE THE EXECUTIVE DIRECTOR TO EXECUTE THE FY2022 CMHSP CONTRACT WITH MDHHS. MR. BROOKHOUSE SECONDS. Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- c. **Review Key Indicator Analysis, Report, & Graphs.** Mr. Smith reviewed these reports for information.
- d. **Review Financials: Income Statement & Balance Sheet & SUD Services.** Mr. Smith reviewed the financial reports for August 2021.

**9. Recipient Rights Advisory Committee (Feb/Apr/Jun/Aug/Oct/Dec) – Glen Brookhouse**

Mr. Brookhouse presented a report on the Recipient Rights Advisory Committee meeting. No discussion.

**10. Chairperson's/Executive Committee Report – Comm. Gale Dugan**

- a. **Executive Committee Report**  
Comm. Dugan reviewed the October meeting minutes, and noted that the committee took interim action to appoint Board Members Alice Kelsey and Mark DeYoung and Executive Director Mark Witte to serve as voting delegates for the 10/24/2021 CMHA Member Assembly meeting.  
**Motion requested to approve the ACCMHS voting delegates for the 10/24/2021 CMHA Member Assembly meeting.**  
MR. BROOKHOUSE MOVES TO APPROVE THE EXECUTIVE COMMITTEE'S RECOMMENDED DELEGATES FOR THE 10/24/2021 CMHA MEMBER ASSEMBLY MEETING. MS. JOHNSTON SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 9 YES; 0 NO.
- b. **LRE Updates**  
Comm. DeYoung shared that over last two years the LRE has been negotiating with the State for settlement of the LRE lawsuit for contract cancellation and subsequent sanctions. The LRE got an unacceptable settlement offer. Feels like no headway has been made in settlement efforts. LRE board will meet this week to discuss options.

**11. ACCMHS Executive Director's Report – Mark Witte**

Mr. Witte reviewed his report. No discussion.

**12. Provision for Public Comment – None.**

**13. Board Member Comments**

Mr. Brookhouse announced that a community member has resigned from the RRAC, leaving a vacancy. Comm. Dugan said he will seek a new member. Mr. Brookhouse also thanked Coach Belco for his years of mentorship. Comm. Dugan welcomed Pastor Craig VanBeek to the ACCMHS Board and thanked him for his willingness to serve.

**14. CLOSED SESSION**

AT 6:27 PM, MS. JOHNSTON MOVES TO ENTER INTO A CLOSED SESSION FOR THE PURPOSE OF REVIEWING LEGAL OPINION REGARDING CONTRACTUAL MATTERS. MR. WEERSTRA SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL. 9 YES; 0 NO.

**\*\* 6:27 PM – 7:06 PM CLOSED SESSION \*\***

The ACCMHS Board returned to regular session at 7:06pm.

**15. MOTION:** COMM. DUGAN MOVES TO ACCEPT THE RECOMMENDATION OF COUNSEL IN THE WRITTEN LEGAL OPINION REGARDING POTENTIAL CONTRACTUAL MATTERS. MR. BROOKHOUSE SECONDS.

ROLL CALL VOTE:

Voting Yes – Weerstra, VanBeek, Johnston, Schwartz, Kelsey, Dugan, DeYoung, Brookhouse

Voting No – Buell

MOTION PASSES WITH 8 YES AND 1 NO.

**16. MOTION:** MR. WEERSTRA MOVES TO ADJOURN THE MEETING. COMM. DEYOUNG SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL. 9 YES; 0 NO.

Meeting adjourned at 7:10 PM.

Respectfully submitted,

Brenda Polmanteer  
Nan Lawrence

Jim Storey  
Board Secretary

Allegan County Community Mental Health Services  
**Building Committee Minutes**  
October 19, 2021 – 3:30 pm.

**Location:** County Services Building (CSB) in the Nederveld Room (just off lobby)

Board members present: Beth Johnston, Comm. Mark DeYoung  
Board member absent: John Weerstra, Comm. Gale Dugan  
Staff members present: Gary Smith, Nan Lawrence, Mark Witte

1. **Review/Approval of Prior Minutes** – Meeting called to order at 3:37pm. Comm. DeYoung moved to approve the September meeting minutes. Ms. Johnston seconded. Motion passed by roll call.
2. **Construction Update** – Mr. Smith reviewed the monthly status report included in the packet. ACCMHS application has been approved by the local Grand Rapids USDA office. It has now moved to the Lansing office then on to Washington DC for (presumably) final approval. Ms. Lawrence shared that Cornerstone will be moving their office into the Shopko building this week. No construction will occur.
3. **Funding Update**
  - a. ARPA Fund Request – Lee Township sent a response to Mark Witte, appreciating the request for funding but politely declining it.
  - b. State Funding – Mr. Witte’s board report includes the update regarding State funding. Discussion followed.
4. **Other** – Nothing further.
5. **Adjournment** – Comm. DeYoung moves adjournment. Ms. Johnston seconds. Meeting adjourned at 4:04 pm.

**Program Committee Minutes**  
**October 19, 2021 – 4:15 pm**

**Board Members Present:** Emily Schwartz, Alice Kelsey

**Board Members Absent:** Comm. Storey, Kim Bartnick, Amy Clugston

**ACCMHS Staff Present:** Heidi Denton, Geniene Gersh, Brenda Polmanteer, Nan Lawrence, Dan Welburn

1. **Call to Order** – Comm. Storey joined the meeting and asked Vice-Chair Kelsey to chair the meeting. Comm. Storey left once Ms. Kelsey assumed the chair. Ms. Kelsey called the meeting to order at 4:21pm.
2. **Public Comment** – None.
3. **Approval of Agenda** – Lacking a quorum, no action taken.
4. **Approval of Minutes** – Lacking a quorum, no action taken.
5. **Program Presentation** – Sara Milnikel CLS & Specialized Residential & Respite
6. **Program Committee Reports**
  - a) Integrated Health – Ms. Denton presented on the Prevention Program. Ms. Kellogg reviewed her report.
  - b) Clinical Services – Dr. Geniene Gersh reviewed her report.
  - c) Quality Improvement/Performance Management – Dan Welburn reviewed his report.
  - d) Customer Service – No report this month.
7. **Program Committee Member Comments** – Ms. Kelsey appreciated hearing COVID update in regards to how staff are returning to the office and in the community.
8. **Public Comment** – None
9. **Adjournment** – Meeting adjourned at 5:03pm.

Allegan County Community Mental Health Services  
County Services Building (CSB) ~ 3283 122<sup>nd</sup> Avenue, Allegan, MI 269-673-3384

**Finance Committee Minutes  
October 19, 2021 - 4:15 pm**

**Committee Members Present:**

- Beth Johnston, Chair
- Glen Brookhouse, Vice Chair
- Vacant position

**CMH Staff Present:**

- Bill Buell
- Mark DeYoung
- Gary Smith
- Nikki McLaughlin
- Mark Witte

1. **Call to Order** – Vice Chairperson Beth Johnston called the meeting to order at 4:17 pm
2. **Public Comment** – None
3. **Additions to/Adoption Agenda** – No additions; Ms. Johnston declares agenda approved by common consent.
4. **Review of Finance Committee Meeting Minutes** – COMM. DEYOUNG MOVES APPROVAL OF THE MINUTES AS PRESENTED. MR. BROOKHOUSE SECONDS. No Discussion. MOTION PASSED BY ALL YES Roll call VOTE. 3 YES; 0 NO.
5. **Review of Written Reports**
  - a. Facilities & Human Resources – Nan Lawrence notes that job postings for CCBHC are in full force. Discussion about new HR application management software called “Jazz HR”.
  - b. Administrative Services Report – Gary Smith notes that operations are holding steady and bucket reports are influenced by increased withholds for ISF at LRE. On General Fund, ACCMHS initiated PA236 transfers to two CMHs in need of GF. Will have a slight surplus to carryforward to next fiscal year. Question about lag time for providers submission in claims and data in system for processing.
6. **Chairperson’s Report**
  - a. Action request – Voucher Disbursements – MR. BROOKHOUSE MOVES TO RECOMMEND APPROVAL OF VOUCHER DISBURSEMENTS TOTALING \$3,758,019.49 TO THE FULL BOARD. COMM. DEYOUNG SECONDS. No Discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.
  - b. Review of Financials – Mr. Smith reviewed Revenue/Expense & Balance Sheet & SUD Services. SUD is running in the black, driven by where SUD dollars are received and spent. Need more cash flow; being addressed with the LRE.
  - c. Review of Key Indicator Analysis, Report, & Graphs – Mr. Smith reviewed the reports.
  - d. Action Request – Authorize Executive Director to Sign FY22 Contract with MDHHS – COMM. DEYOUNG MOVES TO RECOMMEND THAT THE FULL BOARD AUTHORIZE THE EXECUTIVE DIRECTOR TO EXECUTE THE FY2022 CMHSP CONTRACT WITH MDHHS. MR. BROOKHOUSE SECONDS. No discussion. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.
7. **Other Agenda Items** – None
8. **Finance Committee Member Comments** – None
9. **Public Comment** – None
10. **Adjournment** – MR. BROOKHOUSE MOVES TO ADJOURN THE MEETING AT 4:33 PM. COMM. DEYOUNG SECONDS. MOTION PASSED WITH ALL YES ROLL CALL VOTE. 3 YES; 0 NO.



# CORPORATE COMPLIANCE PLAN

**EFFECTIVE November 2021**

(Reviewed annually, updated as needed)

Ensure tomorrow...

Allegan County Community Mental Health Services



Comply today

2/12, 02/13, 11/14, 01/16, 01/17, 10/17, 1/19, 2/20

Approved by Allegan County CMH Board November 16, 2021



## ACCMHS Corporate Compliance Plan

### Introduction

Having a compliance plan is important for many reasons beyond the most obvious — it's required by law. An effective compliance plan is crucial for preventing fraudulent claims and erroneous billing, preparing for potential audits, and avoiding ethical conflicts in business operations and consumer services.

Additionally, if noncompliance with the law results in a Department of Health and Human Services' Office of Inspector General (HHS-OIG) complaint and investigation, the consequences can be significant. Not understanding the law or failing to provide compliance training for staff is not an excuse when violations occur.

The range of possible penalties that the government can impose for submitting fraudulent or erroneous claims or violating state or federal fraud and abuse laws include exclusion from Medicare and Medicaid, civil and criminal penalties, and/or the loss of a professional licenses.

The Corporate Compliance Plan is a most crucial part of the overall ACCMHS Corporate Compliance Program (see ACCMHS Policy 901). The Compliance Plan provides a formal statement of ACCMHS's intention to conduct itself ethically in regard to business operations, government regulations, and conduct services and care; and it includes the required seven fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste and abuse.

### Key Definitions and Terms

- Abuse. Practices that are inconsistent with sound fiscal, business, or clinical practices, and result in unnecessary costs to the Medicaid and Medicare programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care (42CFR 455.2).
- Fraud (Federal Claims Act). An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act (42CRF 455.2).
- Fraud (per Michigan statute and case law interpretation). Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."
- Waste. Over utilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.
- Other terms related to compliance can be found within policy attachment 901.5 Compliance Related Definitions.

## Legal Basis for Compliance Plan

The legal basis for the ACCMHS Corporate Compliance Plan centers around five key laws and statutes:

1. The Federal False Claims Act.

This Act (31 U.S.C. §§ 3729–3733) applies when an agency or individual knowingly presents or causes to be presented a false or fraudulent claim for payment; knowingly uses or causes to be used a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses or causes to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government or its entity. In addition to the Federal False Claim Act, the Michigan False Claims Act prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments, and to authorize the Michigan Attorney General to investigate alleged violations of this Act.

2. The Anti-Kickback Statute.

This Act (42 U.S.C. § 1320a–7b(b)) prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with the delivery of services.

3. Exclusion Statute

Under the Exclusion Statute (42 U.S.C. § 1320a-7), HHS-OIG must exclude individuals or entities from participation in all federal healthcare programs when certain offenses are committed.

Examples of criminal offenses that will result in exclusion include:

- Medicare or Medicaid fraud
- Consumer abuse or neglect
- Felony convictions for other healthcare-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

4. Affordable Care Act

This ACT requires agencies to have a written and operable compliance program capable of preventing, identifying, reporting and ameliorating fraud, waste, and abuse. All ACCMHS employees and provider network are within the scope of the ACCMHS Compliance Plan.

5. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (42 U.S.C. § 1320a–7a) allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. In 2017, an adjustment went into effect allowing for increases in civil monetary penalty ranges due to annual inflation. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.

The Federal government agencies responsible for enforcing these laws are the U.S. Department of Justice, HHS-OIG, and the Centers for Medicare & Medicaid Services (CMS). In addition, the Michigan Attorney General's Office has responsibilities in Michigan for enforcement.

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New or revised regulations or requirements can represent potential high risk for non-compliance. As these changes become effective, the Corporate Compliance Committee may determine that a special focus and/or plan are needed to become compliant in the given area.

There are numerous laws and regulations that affect the ACCMHS Compliance Program and Plan. For a more extensive list of compliance related laws and regulations see the list of Federal and Michigan Laws under “References” of Policy #901 *Corporate Compliance Program*.

### Seven Fundamental Elements of an Effective Compliance Plan

The HHS-OIG has declared that the elements described in Chapter 8 of the 2015 *United States Sentencing Commission Guidelines Manual* are the seven fundamental elements of an effective compliance plan.

These fundamental elements are stated within the ACCMHS Corporate Compliance Plan as:

1. [Compliance Standards and Procedures](#). The development and distribution of written Employee Code (standards) of Conduct/Ethics, as well as written policies and procedures that promote the agency’s commitment to aggressively addressing potential fraud, waste, and/or abuse.
2. [Compliance Program Oversight](#). The designation of a Compliance Officer, Compliance Committee, and other oversight designees who are responsible for the operation authority of the compliance program.
3. [Credentialing and Due Diligence](#). Credentialing, criminal history checks, sanction checks and conducting due diligence on employees, potential employees and contractors helps to ensure the integrity of the workforce and contractors.
4. [Effective Education and Communication](#). The development and provision of regular, effective training for all employees and the development of communication mechanisms between the Compliance Officer and/or Compliance Committee with employees and provider agencies, while assuring an anonymity process and protection from retaliation.
5. [Reporting, Response and Prevention](#). The development and revision of policies, procedures and processes that address the detection of offenses, corrective actions, and the reporting to government officials when appropriate.
6. [Monitoring, Auditing and Assessment of Risk](#). The use of investigations and internal monitoring to assist in identifying areas of concern and opportunities for improvement.
7. [Enforcement and Discipline](#). The development of disciplinary practices that are consistently communicated and enforced.

Each of these elements are further described in the following pages.

### Element 1 - Compliance Standards and Procedures

An effective compliance program is dependent on written policies, procedures, and code of conduct/ethics. The overview of the ACCMHS compliance standards and practices are outlined in policy #901 *Corporate Compliance Program* and this document, 901.1. Other compliance policies, procedures and standards are found in section 9 on the ACCMHS policy and procedure manual.

As part of policy and procedure, ACCMHS has established its Employee Code of Conduct/Ethics. The Employee Code of Conduct/Ethics has been established using the following six principles:

1. *Honesty* – we will be truthful in all our endeavors, to be honest and forthright with one another and with our consumers, service providers and community partners.
2. *Respect* – we will treat one another with dignity and fairness, appreciating the diversity within our community and the uniqueness of each individual. Staff will use language that communicates respect.
3. *Trust* – we will build confidence through teamwork and open, candid communication at all levels of the

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organization.

4. *Responsibility* – we will speak up and allow others to speak without fear of retribution and report concerns within the organization, including any violation of law, regulation, ethical standard, and ACCMHS policy.
5. *Citizenship* – we will obey the laws of the land, work to make our community more productive, and act with pride and confidence as a representative of ACCMHS.
6. *Competency* – we will have and maintain the required competencies and credentials for carrying out job responsibilities.

The Employee *Code of Conduct/Ethics* is provided in Attachment 901.2. Each staff member must sign an attestation that they have read, understood and adhere to the Employee Code of Conduct/Ethics at the time of hire and annually thereafter.

### Element 2 – Compliance Program Oversight

ACCMHS has designated two key roles, the ACCMHS Compliance Officer and the Compliance Committee, for the primary oversight and administration of the Compliance Program. The Compliance Officer:

- Reports directly to the Executive Director and has a direct line of report to the ACCMHS Board.
- Must be very familiar with the operational practices and compliance activities.
- Is the chairperson and member of the Compliance Committee.

The Compliance Committee is a multidisciplinary committee that reports directly to the Management Team and the Executive Director. The Compliance Officer and Compliance Committee are jointly responsible for:

- Reviewing and updating compliance policies and procedures.
- Developing and revising, as needed the compliance program and plan and the risk assessment plan.
- Monitoring and reviewing the effectiveness of the compliance program and plan.
- Conducting and overseeing compliance investigations.

For more information on the roles of the Compliance Officer and Compliance Committee, refer to Attachment 901.3 *Compliance Structure and Oversight*.

### Element 3 – Credentialing and Due Diligence

ACCMHS conducts thorough background checks on all new employees and periodic background checks on existing employees. The practice verifies that employees have not engaged in illegal activities and are not on the exclusion list of Medicaid or Medicare providers.

A number of activities are carried out to ensure that all staff and contract provider employees have the necessary competencies and are free from criminal convictions that would impair their ability to work with or care for consumers. Depending on the type of position, these activities may include:

- Office of Inspector General Database for sanction inquiry.
- State Licensing Database.
- Privileging.
- Credentialing.
- Competency reviews within agency training records.
- Reference and criminal checks at hire.

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New employees are hired through a detailed pre-employment screening and hiring process. Credentialing and re-credentialing all staff and provider organizations is conducted. Other due diligence is conducted in the hiring and periodic assessment of employees.

It is verified that all employees and volunteers transporting consumers have a valid driver's license as well as a safe driving record.

Other due diligence is conducted when hiring or contracting with providers and other vendors where indicated.

### **Element 4 – Effective Education and Communication**

The fourth core element is an effective training and education to ensure there is an adequate understanding of the expectations set forth in the compliance plan and employee code of conduct/ethics.

Compliance training is mandatory for all employees as well as Board members. The initial training provides a comprehensive review of the ACCMHS Compliance Plan and Employee Code of Conduct/Ethics. Thereafter, an annual review training highlights the Compliance Plan and any changes or new developments as well as re-emphasizes the ACCMHS Employee Code of Conduct/Ethics. Additional training may be required for employees involved in specific areas of risk. Successful completion of training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.

Open lines of communication between the Compliance Officer and ACCMHS employees and its provider agencies are essential to staff's knowledge and awareness of compliance issues, to the successful implementation of the Compliance Plan, and minimizing noncompliance. The Compliance Officer will communicate compliance messages via informal training methods, such as posters, newsletters, and Intranet communications.

### **Element 5 – Reporting, Response and Prevention**

All employees, contract providers, and board members of Allegan County Community Mental Health Services have the responsibility of ensuring the effectiveness of the agency's compliance efforts by adhering to the Corporate Compliance Plan and Employee Code of Conduct/Ethics, and reporting suspected violations.

Any suspected illegal, unethical, or improper activities need to be reported. Some examples of suspected violations include:

- Billing for services, assessments or medical tests that were never performed.
- Performing inappropriate or unnecessary procedures to increase reimbursement.
- Upcoding or inflating a bill by using diagnosis codes that increase the reimbursement for that particular condition.
- Double billing or billing twice for the same service.
- Unbundling a service to submit multiple claims.
- Billing without reporting payments received from other sources such as Medicare.
- Inflating the actual work performed or billing for the highest level of service when in actuality a lower level of service was delivered.
- Reporting inaccurate dates and/or times of services provided.
- Billing for services that are not included in the individual's plan for services.

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- Stealing cash or other ACCMHS assets, such property or supplies.
- Falsifying timesheets or workers comp claims.
- Falsifying expense reimbursements.
- Outside employment that appears to conflict with ACCMHS employment.
- Violations of the ACCMHS Employee Code of Conduct/Ethics.
- Purposefully falsifying financial statements.
- HIPAA Privacy or Security violation issues.
- Falsifying records or statements to get a claim paid or approved.

Allegan County Community Mental Health Services will not take disciplinary or retaliatory action against a person for reporting what the person reasonably believed to be a potential compliance violation. However, an employee will be subject to disciplinary action up to and including termination if it is concluded that the employee knowingly fabricated, exaggerated, or minimized a report of wrongdoing to either injure someone else or to protect himself/herself or others. Also, an employee whose report contains admissions of personal wrongdoing will not be guaranteed protection from discipline. Retaliation for reporting an alleged compliance violation is strictly prohibited and may lead to disciplinary action up to and including termination.

Employees, contract providers, consumers or board members may choose any of the following methods for reporting suspected compliance violations and may report anonymously if desired.

- Electronic Mail – Suspected compliance violations can be sent electronically by email to the following address: [complianceofficer@accmhs.org](mailto:complianceofficer@accmhs.org). When emailing, staff may complete the form entitled “Compliance Reporting Form” (Refer to 901.7) or may specifically outline the details of their concerns within the content of an e-mail. For providers or individuals who do not have a @accmhs.org email address, no PHI is to be included in any unsecured emails.
- Mail Delivery – Suspected compliance violations can be mailed to the Compliance Officer at: Allegan County Community Mental Health Services Compliance Officer, PO Box 130, Allegan, MI 49010. When mailing, the form entitled “Report of Suspected Violation of Misconduct” may be used or the concerns may be submitted in any written format.
- In Person – Suspected compliance violations can be made in person to any member of the ACCMHS Compliance Committee.
- By Phone – Suspected compliance violations can be communicated to any Corporate Compliance Committee member.
- If preferred, suspected violations may be reported directly to the Corporate Compliance Officer for the Lakeshore Regional Entity - <http://www.lsr.org/contact-us> .

The ACCMHS Corporate Compliance Committee will assure that any problem identified through an investigative report, audit report, or data findings are analyzed and have the appropriate follow-up. (Refer to policy *903 Compliance Inquiry and Investigations* for additional information.)

The Compliance Officer will work in collaboration with the LRE Compliance Officer if/when allegations of fraud, waste, and abuse of Medicaid dollars indicate the need for formal investigation. This will include the reporting of any governmental agency as necessary.

Where violations are substantiated, appropriate corrective action will be initiated, which may include making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, staff education, repayment of overpayments, and disciplinary action against responsible employees.

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When a credible report of a violation is received, the ACCMHS Compliance Committee will immediately protect any relevant information that may be needed to perform a thorough investigation. All document disposal practices will be stopped immediately. If reasonable suspicion exists that employees might destroy or remove documents, the employees may be suspended or removed from sensitive areas.

For identified compliance related issues that do not require a formal investigation, the Compliance Officer or Compliance Committee member will document the reported incident and the outcome.

Refer to the policy *903 Compliance Inquires & Investigations* for additional information in this area.

### Element 6 –Monitoring, Auditing and Risk Management

ACCMHS has created systems for monitoring and auditing the effectiveness of the Corporate Compliance Program and Plan as well as identifying compliance risks.

Monitoring includes reviewing policies and procedures to gauge whether they are working as intended and following up on recommendations and corrective action plans to ensure they have been implemented. Auditing ensures compliance with statutory and CMS requirements and includes routine evaluations of the compliance program to determine the program’s overall effectiveness.

Monitoring and auditing of the agency’s operations are critical to ensure compliance with the Compliance Plan, Employee Code of Conduct/Ethics, and related policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education may be needed. The Compliance Officer will oversee the development and processes associated with the agency’s Risk Management Plan. The Management Team will offer input into the Risk Management Plan.

### Element 7 - Enforcement and Discipline

The following Corrective Action Plan Guidelines will be used, as indicated by contract with the Lakeshore Regional Entity (LRE). All compliance investigations are reported to the LRE quarterly and the Office of Inspector General (OIG) as needed.

Violation	Possible Disciplinary Action
Knowingly and willfully committing fraud and/or violation of a federal or state billing or documentation practice(s). Knowingly and willfully providing false or misleading information in a compliance context to ACCMHS, governmental agency, consumer, or MDHHS. (e.g. billing for services not performed, forging documentation or signatures, upcoding, kickbacks, bribes)	<ol style="list-style-type: none"><li>1. First Offense – Termination of employee.</li><li>2. Claims adjustments - identification of any False Claims to a third party payor; remuneration will occur.</li></ol>
Unknowingly violating federal or state billing or documentation practice(s).	<ol style="list-style-type: none"><li>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</li><li>2. Claims adjustments - identification of any false claims to a third party payor; remuneration will occur.</li></ol>

**ATTACHMENT 901.1**

<p>Knowingly violating policies and/or procedures as set forth in the Compliance Program/Plan.</p>	<p>3. Second Offense – Possible termination.</p> <p>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</p> <p>2. Second Offense – Possible termination.</p>
<p>Detection of, but failure to report or failure to detect substantive violations of federal and state mandates in duties where a reasonable person could be expected to detect violation(s).</p>	<p>1. First Offense – Written notice of noncompliance, Correction Action Plan by the staff to the ACCMHS Compliance Officer, Correction Action Plan to the LRP Compliance Director by the ACCMHS Compliance Officer. May receive probationary period. Related individual(s) potentially could be barred from Medicaid service provision or administrative activity.</p> <p>2. Second Offense – Possible termination.</p>

**Conclusion**

Compliance is a complex topic when providing mental health and substance use disorder services as it involves numerous regulations and layers of oversight. However, at its core, compliance is intended to promote ethical conduct and business practices. By developing and adhering to an effective compliance plan and educating staff, ACCMHS practices can prevent fraudulent activity, promote ethical behavior and business practices, and support quality care and services.





**Employee/Provider/Contractor/Board Corporate Compliance Attestation**

1. I acknowledge that today I received training on Allegan County Community Mental Health’s Corporate Compliance Program, which provides an overview of ACCMHS written compliance policies, standards, procedures, structure and standards of conduct/ethics.
2. I understand that I am responsible for participation and successful completion of future compliance trainings and understand that failure to do so may result in disciplinary action, up to and including termination of my employment or contract.
3. I have received and understand the Corporate Compliance Plan and Employee Code of Conduct/Ethics. I pledge to act in compliance with and abide by the Plan and Employee Code of Conduct/Ethics.
4. I understand the processes for reporting potential violations and accept my responsibility to report any suspected compliance violations. I understand that failure to report may result in disciplinary action, up to and including termination of my employment or contract.
5. If I have questions concerning appropriate actions that I may need to take in order to comply with the requirements, I will seek advice from a member of the ACCMHS Compliance Committee.

\_\_\_\_\_  
Employee/Provider/Contract/Board Name (please print)

\_\_\_\_\_  
Organization (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Ensure tomorrow...**

*Allegan County Community Mental Health Services*



**Comply today**

Allegan County Community Mental Health Services  
**DRAFT Executive Committee Meeting Minutes**  
Friday, November 12, 2021 – 2:30 PM

1. **Call to Order** – Chairperson Dugan called the meeting to order at 2:30 pm.
2. **Members Present/Excused** – Members present included Chairperson Commissioner Gale Dugan, Vice-Chair Alice Kelsey, Treasurer Beth Johnston, and Executive Director Mark Witte. Members absent included Secretary Commissioner Jim Storey. Chairperson Dugan excused Commissioner Storey on the basis of his prior notice of his absence.
3. **Review of Agenda** – Approval of agenda moved by Kelsey; seconded by Johnston. Unanimous approval.
4. **Review of Minutes of Prior Meeting** – Approval of prior minutes moved by Kelsey; seconded by Johnston. Unanimous approval.
5. **Updates on Prior Meeting Topics**
  - a. COVID-19 Federal Vaccine Mandate – Staff notified 11/10 of mandate requiring full vaccination by early January. Exemptions available for religious and medical rationale. Attorney advising HR for compliance. Board members not presently affected since board meeting not located in ACCMHS facilities, though more research being done.
  - b. Building/Funding Update – Witte will process construction contract through Building Committee. Some judgment needed concerning feasibility or wisdom of continuing with scaled-down plans with increasingly likely supplemental legislative appropriation from COVID relief funds. Critical deadline may be 12/31/2021 for firmer decision/action.
  - c. Branding – Website conversion to ACCMHS replica complete. Board packets located in different location in order to allow for internet search engines to prioritize results for people seeking services.
6. **Board Member Items** – None today
7. **Executive Director Items**
  - a. Staffing Update – Erinn Trask started as new CFO on 10/29. Met with Finance Committee Chairperson Johnston this morning. Consideration being given to changes in finance reporting to satisfy questions and support continued learning of members.
  - b. Committee Appointments – Chairperson Dugan solicited comments on some of the appointments he is considering for the vacant position on RRAC and Finance committees.
  - c. Board Packets Not Mailed in November – Witte cited reasons for a lack of mailed packets this month. Will resume in December for those who wish them.
8. **Next Meeting Date/Time** – Friday, December 17, 2021 at 2:30 pm
9. **Adjournment** – Kelsey moved adjournment; Johnston seconded. Unanimous approval.

## Executive Director Board Report – November 2021

Submitted by Mark A. Witte, MSW, LMSW, Executive Director  
269-673-6617, ext. 2716; [mwitte@accmhs.org](mailto:mwitte@accmhs.org)

1. **New CFO** – On October 29, I appointed Erinn Trask to the role of Interim CFO. The transition was handled smoothly and professionally. Erinn is a contractual employee provided under an agreement with Rehmann, an accounting services firm which provides support in this manner to a number of CMHs and PIHPs around the state. Erinn is no stranger to Allegan CMH. She has served as part of our external auditing team in the past and is familiar with our regional work through her past employment at Network180. She most recently served in a similar role for the three-county region of Iosco, Ogemaw, and Oscoda served by AuSable Valley CMH. Our contract with Rehmann calls for us to have Erinn serve in this capacity for approximately one year, assisting us with many of the heavy lifts that face Allegan CMH in the accounting and financial management arena (e.g., standardized cost allocation, CCBHC implementation, general ledger conversion, etc.). The final task for Rehmann will be to assist us in recruiting and selecting a permanent CFO in about a year. I look forward to introducing you to Erinn at our November meeting. Please join me in welcoming her!
2. **New Executive Assistant** – If all goes as planned, I will have the privilege of introducing you to Brenda Holquist, our new Executive Assistant, at our board meeting which will also be her second day on the job. Brenda comes to Allegan CMH from Network180 where she also served as their Executive Assistant, so her experience in our region and CMH systems is great and will be very valuable. Our plan for the use of our Executive Assistant time will be a little different than it was during Myrna Simon’s tenure. Brenda will still take primary responsibility for supporting the board’s operations and those of the Executive Director, but we’re expanding the support role to those of other members of my management team so that we can improve our execution of projects and tasks that are a key part of our work today. Brenda is eager to undertake that challenge and we’re all excited to start the new partnership of efforts that will start when she arrives.
3. **CMHA Conference Recap** – You were well-represented at this year’s fall CMHA conference by Commissioner Mark DeYoung, Alice Kelsey, Glen Brookhouse, and John Weerstra. For me, one of the highlights (beyond the educational sessions) was an interview by CMHA director Bob Sheehan of MDHHS director Elizabeth Hertel. She was asked about the department’s perspective on the two (or three) legislative proposals to “reform” our CMH systems. She said more than has been said to date, and it gives subtle indications of the Governor’s interest in improving our system – not destroying or replacing it.

She said her vision is: ***“Increased access for people with acute, chronic and preventative needs, available when and where they need them. Breaking down stigma makes me happy, but we need to build up our infrastructure. We risk having access bottlenecks. We need to keep folks in their local communities with available services that are close to home. We have barriers to access – not just for Medicaid – for all payers. We need to challenge the CMH system to help the department design plans to spend the incredible amount of funding that is available to the state – a once-in-a-lifetime opportunity.”*** When asked for her perspective on the legislative proposals, she said: ***“We all have been talking about how to make things better – at the level of what will be felt by the people we serve (for example, the time they spend waiting for a psychiatric bed); not on changes that don’t address the problem. It’s the legislature’s conversation for now. We can always do better. It’s not about a vote for the status quo. We’re focused on making real differences.”*** In closing she said something that aligns well with what I believe and where I hope things will land: ***“I won’t be happy until everyone has access [to behavioral health] services when and where they need it.”***

I will encourage those who attended to share any other observations (or alternative takes on what I've presented too!) for the benefit of the board.

4. **CMH System "Reform"** – Senator Shirkey's bills (SB's 597 & 598) passed his Senate Governmental Operations committee and are now before the whole Senate for consideration. The versions that passed were amended to clarify intent relative to our local public CMH system responsibilities under his proposal. CMHA says that new language in Section 203 of SB 598 "will shatter the public mental health system, which we believe is Sen Shirkey's underlining intent."

*Page 16-17 (SB 598 S-2) - Sec. 203. Throughout this chapter, a specialty integrated plan is not responsible for the duties set forth in this chapter until after completion of a successful transition under the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b. After the specialty integrated plan has completed a successful transition, the specialty integrated plan shall take over the duties set forth in this **and the community mental health services program shall no longer be responsible** for those duties. The behavioral health accountability council shall determine the successful transition at each phase of integration establishing when the specialty integrated plan is responsible and the community mental health services program is no longer responsible.*

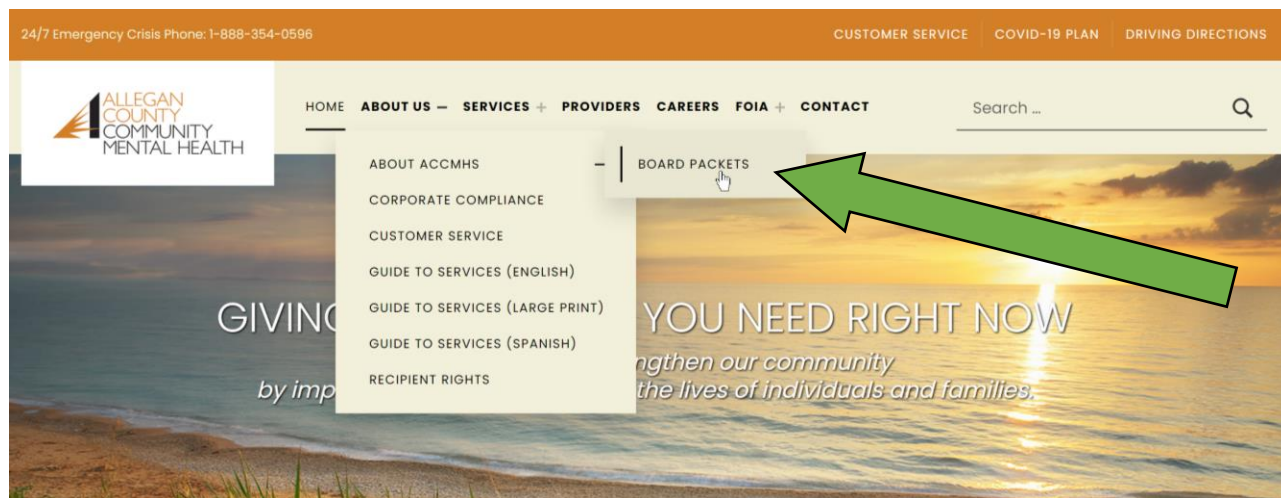
If there was any doubt before, it should be gone now. This will eliminate CMH program responsibilities at the local level, and along with it your voice in shaping what is offered to the people of Allegan County and the accountability of our present system to our county commission through the authority board of Allegan CMH. This really is Section 298 all over again in language that is even more blunt and onerous.

It is uncertain if his bills will survive there, and there is even greater doubt if they get to the House due to their competing proposal. It's improbable that the House's bills will be acted on in the Senate. However, if any agreements materialize between now and the end of this legislative session – including in lame duck in November/December 2022 – and you assume as I do that our Governor's decision on any bills that reach her desk will be strongly informed by Director Hertel, then it's difficult to see how she could advise the Governor to do anything but veto both pieces of legislation as they now stand. As we always say, "we'll see." Meanwhile, we educate and advocate.

One "accidental" effort to educate and advocate occurred through my attendance at two area meetings in October on mental health system needs organized by the House Democratic Caucus. They hosted a series of listening sessions designed to gather information that is intended to result in draft legislation. When I signed up to attend as a listener, little did I know that I had actually applied to be on the panel of presenters – something I didn't understand until the session began! If you're interested in seeing the Kalamazoo session (or how I respond to sudden surprises), please feel free to watch the recorded session on Facebook: [https://www.facebook.com/watch/live/?ref=watch\\_permalink&v=602376640797028](https://www.facebook.com/watch/live/?ref=watch_permalink&v=602376640797028)

5. **Website/Branding** – We've launched a new website that may not look all that different. For many years, our agency's website has actually been a SharePoint page located on the county's server. Due to software licensing changes and our own plans for branding rollout, we decided to move to an actual website that gives us more software tools for implementing the design work and content changes we will need in the future. A major redesign will occur sometime around March when we roll out our new brand identity. Until then, the goal is to use the new/current website to preserve the look and feel of our old SharePoint site as it is moved off the county's server and onto a real website platform. That change occurred on the weekend before November 1. The most obvious change for board members is that you'll find board information in a different location than before. See the image below. For now, you'll find it under the "About Us" tab, and

under the “About ACCMHS”, “Board Packets” link. The placement of board materials is perhaps more difficult than before, but it is purposeful. It is intended to leverage the logic built into the internet (“SEO” or “search engine optimization”) to help people looking for help to find us much more easily.



6. **myStrength** – Attached to this report, you’ll find a one-pager (front & back) flyer that details how you (and any other member of our community) can access myStrength via a computer or a mobile device. This information is also now available on our interim website and will be increasingly promoted throughout the community in the coming weeks and months. Please help us share the word with those you know who may benefit. Individuals in care with Allegheny CMH may be able to coordinate their treatment activities with their clinician(s) and the resources of myStrength, and our staff are encouraged to use it as a part of their personal wellness support system as well.
7. **Building/Funding** – While in Lansing on other business on 10/27, I also spent time with Rep. Mary Whiteford to discuss our request for supplemental funding for the building project. She confirmed again that she’s got our request on her list and has rounded it up from \$2.6 million to an even \$3.0 million. That is appreciated! Of course, as I told her, timing is everything, as the timing of appropriations matter greatly to the success of our funding plan and the project itself. The funds we have requested are needed to fill the gap between the cost of our “Plan A” construction costs and the funds we have available to us. In order to get the project moving with available USDA funds and our other interim resources, we’ve had to scale the project back to a “Plan B” level that cuts out a number of elements which are desirable but not ultimately essential. I shared with Rep. Whiteford that if the legislature cannot pass appropriations bills that releases funds yet this year, it may be impossible to add back the elements we’ve taken out of “Plan A” in time for the construction sequence. Some things can be decided later, but not everything. For example, we’ll need to know fairly early in the process if we are going to cut more or less holes in the concrete walls to install for windows. That’s going to be an early part of the demolition work, but will define how much natural light we have in the building. So timing matters a lot! She promised to do her best. Also, you should know that I’ve remained in contact with the owner of the building, Mark Kerrins, and he remains comfortable with our arrangement of rental until such time as closing is scheduled.

In a positive development, we received the USDA’s “concurrence” document which allows us to take another big step toward ownership of the building (closing) and the real start of construction. This step involves signing an actual contract with Cornerstone Construction, the firm you affirmed at your July 20 meeting as the winner of the construction bid for our building. If we can complete the preparations in time,

we will work with the Building Committee at their November meeting to seek your authorization to enter into the actual construction contract with Cornerstone Construction.

8. **Mandatory COVID-19 Vaccination** – Just today, we have received news that – presumably – all Allegan CMH staff will be required to be vaccinated under President Biden’s new executive order. There is a lot that we do not know yet, and so we will be taking time (and obtaining legal counsel if necessary) to assure compliance with this funder-based requirement. We have been forthcoming with our staff that the intent of the order as announced several weeks ago would likely include us, but we have not made independent efforts to prepare for compliance since the details were not available. Even today, there are many questions about what will be expected and by when. You will likely get a more detailed update with a lot more answers from Finance and/or Program committee meeting report-outs.

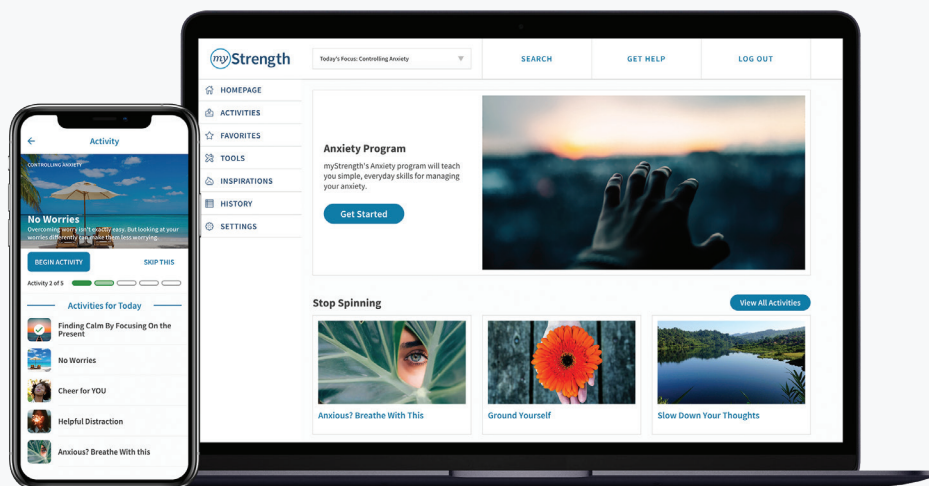
Lots going on, but it’s a great time to be at Allegan County CMH Services!

Submitted by Mark Witte  
November 4, 2021

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