



Berrien Mental Health Authority (BMHA) Annual Compliance Plan - 2026

Based on Year 2025 Annual Assessment Completed by BMHA's Compliance/HIPAA Legal Counsel

	Area	Audit Mechanism or Action	Purpose
1.	Contracted External Provider Review	<ul style="list-style-type: none"> • Compliance Auditor will complete post-bill audits of all contracted external provider sites providing services to BMHA consumers during FY 2026 as identified by the Provider Network Dept. This will be accomplished through desk audits & on-site audits as necessary. • Compliance Specialist to complete post-bill audits of all Self-Directed Service (SDS) Community Living Supports (CLS)/Respite services provided to BMHA consumers during FY 2026 as identified by BMHA's SDS Dept. This will be accomplished through desk audits. • Compliance Dept. will complete unannounced contracted external provider site visits/desk audits if deemed necessary. 	<ul style="list-style-type: none"> • To ensure contracted external providers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.
2.	Internal Documentation Review of all Clinical Teams	<ul style="list-style-type: none"> • Compliance Auditor will complete one hundred (100) post-bill audits of internal services per month by 	<ul style="list-style-type: none"> • To ensure internal staff are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.



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		clinical team. These will include five (5) new hire clinician chart reviews.	
3.	Overlapping Claims Review	<ul style="list-style-type: none"> • Director of Provider Network, Claims Specialist & Director of Regulatory Compliance/Privacy Officer will meet to review the overlapping claims report at least once per month. 	<ul style="list-style-type: none"> • To ensure internal staff & contracted external providers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.
4.	HIPAA Privacy & Security	<ul style="list-style-type: none"> • Security Officer in conjunction with Director of Regulatory Compliance/Privacy Officer will send periodic privacy/security reminders/tips to all staff via e-mail. • Director of Regulatory Compliance/Privacy Officer will ensure the HIPAA Privacy/Security email reminders/tips include educational information on phishing & other types of social engineering. • Director of Digital Operations/Security Officer to continue monitoring & evaluating general software security for vulnerabilities with assistance from 	<ul style="list-style-type: none"> • To comply with the HIPAA Privacy & Security Standards, 42 CFR Part 2, 45 CFR & Michigan Mental Health Code.



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		<p>IT vendor, Aunalytics on an on-going basis.</p> <ul style="list-style-type: none">• Director of Digital Operations/Security Officer will provide a quarterly security report to the Compliance Committee for review.• Director of Digital Operations/ Security Officer will continue using phishing simulation platform, KnowBe4 via IT vendor, Aunalytics & will continue monitoring identified staff flagged as vulnerable. Director of Digital Operations/Security Officer in conjunction with Director of Regulatory Compliance/Privacy Officer & HR Director will apply corrective action (e.g., re-education, focused monitoring, formal disciplinary action) as needed.• Director of Digital Operations/Security Officer to complete Security Risk Assessments (SRAs) at least annually or if a	
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		<p>significant change has occurred (e.g., change in technology vendor).</p> <ul style="list-style-type: none"> • Director of Digital Operations/ Security Officer in conjunction with Director of Regulatory Compliance/Privacy Officer will work with BMHA’s Legal Counsel to update HIPAA security policies & procedures once the OCR’s proposed rule to improve cybersecurity has been finalized. 	
5.	Training & Education	<ul style="list-style-type: none"> • Director of Regulatory Compliance/Privacy Officer to continue current Compliance/HIPAA/Ethics training & education efforts to include new hire orientation (within 30 days of hire), annual e-Learning, remedial/refresher training as needed & weekly HIPAA/Compliance/Ethics e-mail reminders. Targeted team training will occur as needed if training needs are identified. 	<ul style="list-style-type: none"> • To comply with Federal Sentencing Guidelines – Seven Elements of Compliance



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		<ul style="list-style-type: none"> • Director of Regulatory Compliance/Privacy Officer to periodically update training materials based on feedback from BMHA's Compliance Legal Counsel, SWMBH, MDHHS, Regional Compliance Coordinating Committee & regulatory changes. 	
6.	Policy & Procedures related to Artificial intelligence (AI) Use	<ul style="list-style-type: none"> • Director of Regulatory Compliance/Privacy Officer in conjunction with legal counsel, will create a policy & procedure that addresses documentation practices with the use of AI platform, Eleos with input from the Director of Behavioral Services, Director of Digital Operations/Security Officer & Business Intelligence Manager as needed. • Director of Regulatory Compliance will create a consumer consent document related to the recording & use of AI during service contacts for clinical teams to secure before utilizing the AI platform. 	<ul style="list-style-type: none"> • To mitigate potential risks associated with AI use in clinical care.



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		<ul style="list-style-type: none"> Director of Regulatory Compliance will provide clinical teams with notification language to post in all treatment rooms where recording/AI is being used. Oral notification/script will be provided for use during home visits (if necessary). 	
7.	Outpatient Psychiatric Prescriber Evaluation & Management (E&M) Coding Review	<ul style="list-style-type: none"> Reimbursement Office Manager/Certified Coder to complete quarterly post-bill E&M coding desk audits for all prescribers. 	<ul style="list-style-type: none"> To ensure prescribers are adhering to documentation/billing guidelines set forth by BMHA, SWMBH, State & Federal laws.
8.	42 CFR Part 2 (Substance Use Confidentiality) Final Rule Implementation	<ul style="list-style-type: none"> Director of Regulatory Compliance in conjunction with legal counsel will update BMHA's 42 CFR Part 2 consent forms which will be distributed to all staff & uploaded to the legal section of the Electronic Health Record (EHR). Director of Regulatory Compliance in conjunction with legal counsel will update BMHA's Notice of Privacy Practices (NOPP). Once updated, printed copies of the 	<ul style="list-style-type: none"> To ensure compliance with 42 CFR Part 2



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		<p>NOPP will be distributed to the Financial Intake Department to include in the Financial Intake packets & BMHA's website will be updated to include the revised NOPP.</p> <ul style="list-style-type: none">• Business Intelligence Manager will work with EHR vendor, Aanalytics to ensure the updated MDHHS-5515 form has been uploaded to the legal section of the EHR.	
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