Title: Minimum Necessary Policy for Internal and Non-Routine Disclosure of PHI and EPHI

Prepared By: Compliance Officer

Purpose:

To define the standard practices to assure that consumer's protected health information (PHI) is properly safeguarded for various uses and disclosures of internal and non-routine information allowed under Health Insurance Portability and Accountability Act (HIPAA) of 1996 including the privacy rule and the security rule (45 CFR Parts 160, 162, and 164).

Scope:

This policy applies to all employees (including full-time and part-time employees), contract providers, volunteers, students or interns of Huron Behavioral Health. It also applies to all consumer Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

Information:

1. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996:
   o There are uses and disclosures that routinely occur at HBH as part of providing treatment and conducting business operations, that do not require a signed HIPAA authorization/release from the consumer or his/her personal representative, as applicable.
   o When using and/or disclosing PHI and EPHI for treatment, coordination of care, and payment purposes, HBH staff must make reasonable efforts to safeguard the information and limit the amount of PHI and EPHI used and disclosed to that which is minimally necessary to accomplish the intended purpose of the use/disclosure.

2. HIPAA broadly defines *"Protected Health Information"* (including EPHI) as any health information, including consumer demographic information, that is created or received by a provider and:
   o which relates to the past, present, or future physical or mental health condition of a consumer, the provision of health care to the consumer or payment related to the provision of health care to the consumer; and
   o that identifies or reasonably can be used to identify a consumer (e.g., Social Security #, Case #, phone #, etc.).

3. Since PHI and EPHI are so broadly defined, in a practical sense, nearly all information maintained by HBH relating to individuals served is considered PHI and is subject to the HIPAA privacy and security rules when using, disclosing, or storing it. Examples of documents containing PHI/EPHI include but are not limited to:
   o The entire contents of the consumer's case record
   o Service Activity Logs (SALs)
   o Progress Notes
   o Billing Information
   o EOBs (Explanation of Benefits)
   o Lab/Test Results
   o Prescriptions
   o Consumer information appearing on a computer monitor or stored electronically

4. To assure that information is properly safeguarded while using and disclosing information, the HIPAA privacy rule requires healthcare and behavioral healthcare providers to take reasonable steps to limit the use and disclosure of PHI/EPHI to the minimum necessary amount needed to accomplish the intended purpose.

5. Since applying the minimum necessary standard to certain uses and disclosures could unnecessarily interfere with treatment and is unnecessary in some situations, _the minimum necessary standard does NOT apply to:_

   o Disclosures of PHI/EPHI to a healthcare provider or requests by a healthcare provider for information for treatment purposes

   o Disclosures to the consumer at his/her request

   o Uses and Disclosures made in connection with a signed authorization (note - the authorization must specify the exact information to be used/disclosed and HBH must abide by the stated authorization)

   o Disclosures required to be made to the Michigan Department of Health and Human Services (MDHHS) in connection with the enforcement of HIPAA and other uses as well as disclosures required by law.

6. Accordingly, for most behavioral health providers, the minimum necessary rule will come into play most often with regard to internal and external uses and disclosures of PHI/EPHI in connection with treatment, coordination of care, and payment activities.

7. HIPAA breaks the minimum necessary requirements into two sections: 1.) internal uses and disclosures and 2.) external uses and disclosures of information. This policy addresses the **_internal_** uses of the minimum necessary requirements and non-routine disclosures (for routine external disclosures of PHI/EPHI, see ORI.1.13).

8. With regard to the internal uses and sharing of information within HBH, the HIPAA rules require that HBH:

   o Identify all HBH staff who need access to PHI/EPHI to perform their jobs

   o For each category of staff, determine what PHI/EPHI is needed and identify any conditions that apply to permitting access to the information

   o Make reasonable efforts to limit access to information in accordance with the above

9. HBH has developed and maintains a minimum necessary job category table/matrix (beginning on page 4) and has tailored internal policies consistent with this table. HBH has completed this determination based on the operations of the organization and what is reasonable for business needs.

10. HBH has various internal audit team activities. Members may be rotated and will have access to PHI/EPHI as part of the audit function, which may not be part of their normal job category/description.

11. HBH safeguards the confidentiality of the consumer's identification in its quality improvement projects, activities, and reports to the degree necessary and in accordance with HBH's privacy and security policies.

12. HBH has applied the minimum necessary requirement guidelines to all internal and external uses and disclosures. As discussed below, the privacy rule applies different requirements for complying with the minimum necessary rule depending on whether the disclosure is (1) routine or (2) non-routine.

13. For routine and recurring disclosures of PHI/EPHI made by HBH to outside parties, the HIPAA rule requires HBH to implement standard policies and procedures that limit the PHI/EPHI disclosed to the amount reasonably necessary to achieve the purpose for the use/disclosure. HBH is not required to make an individual determination for each use/disclosure but must adhere to the standard protocols defined.

14. For non-routine disclosures, HBH has developed internal criteria for employees to follow which is designed to limit the information disclosed to that information that is reasonably necessary to accomplish the purpose for the disclosure. For non-routine disclosures, HBH must review the requests for disclosures on an individual case-by-case basis in accordance with the defined criteria.

15. HBH has implemented a process to randomly verify an employee's accesses to the electronic medical record (EMR) with regard to the "Need to Know" HIPAA guidelines (see also "Monitoring Employee Access to EMR Procedure" ORI.2.09).

16. HBH must also comply with the HITECH (Health Information Technology for Economic and Clinical Health Act) legislation which requires additional security measures relative to encrypting, destruction of PHI/EPHI, additional privacy and security requirements placed upon business associates, and notification of breaches of PHI and EPHI (see also "Breach Notification Policy" ORI.1.31).

Policy:

1. **Uses, Accesses, and Disclosures relative to PHI/EPHI, Restrictions on "Need to Know" and "Minimum Necessary" Rules under HIPAA, including Disciplinary Actions/Sanctions:**

   a. HBH employees shall not use, access, acquire, or disclose any consumer PHI/EPHI for personal purposes. HIPAA breach notification (45 CFR subsection 164.402) prohibits any impermissible acquisition, access, use, or disclosure of PHI/EPHI which compromises the privacy, confidentiality, or security of any consumer's PHI (both electronic and paper records). HBH's EMR system tracks all accesses into consumer records. HBH makes a good faith effort to monitor employee access activities through on-going audits in an effort to assure that all EPHI is safeguarded against improper use, access, and/or disclosure by staff (see also "Monitoring Employee Access to EMR Procedure" ORI.2.09). HBH has strict sanctions/penalties when records evidence that an employee has violated HIPAA and/or breach regulations (see also "Employee Code of Conduct Policy" ORI.1.18 and "Breach Notification Policy" ORI.1.31).

   b. Employees are trained annually in HIPAA and other Corporate Compliance topics. This includes two (2) basic HIPAA Rules related to "Need to Know" and "Minimum Necessary". In clear terms, "Need to Know" means that unless an employee has a valid reason (treatment, coordination of care, and/or payment) to view a consumer's PHI/EPHI, they are prohibited by federal law from acquiring, accessing, using, or disclosing such information. Minimum necessary refers to acquiring, using, accessing, or disclosing only the absolute minimum amount of information necessary for the intended work-related purpose (treatment, coordination of care, and/or payment). These rules must be strictly adhered to by all employees at all times.

   c. HBH personnel and disciplinary policies do not mandate a lesser sanction/disciplinary action before HBH may terminate an employee for a HIPAA violation (see also "Employee Handbook" PPM.00). HBH has the discretion of terminating an employee for a first offense if the seriousness of the offense warrants such action. An employee should expect to lose his/her job for willful or gross negligence and/or violations to HIPAA regulations, federal laws, or state laws which protect the integrity, confidentiality, and security of protected health information.

   d. Employees should also be aware that violations to HBH's privacy, security, and compliance policies and standards may constitute a criminal offense under HIPAA, federal laws, and/or state laws. Any employee who violates such law may expect that HBH will provide information concerning the violation to the appropriate law enforcement authorities and will cooperate with any law enforcement investigation and/or criminal prosecution.

   e. Further, these violations may also constitute violations of professional ethics and may be grounds for professional discipline and/or loss of licensure. Any employee subject to professional ethics guidelines and/or professional discipline should expect that HBH will report such violations to the appropriate licensure/accreditation agencies and cooperate with any professional investigations or determinations/actions.

2. **Internal Access and Use of PHI and EPHI:**

For uses of PHI and EPHI within the agency, HBH has identified employees (by job category) who need access to protected health information and has identified the type of PHI and EPHI to which each category of employee

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needs access to perform their job. HBH has developed a matrix by job type to define the necessary information and the limitations upon employees to access the information in order to conduct their specific job functions.

For HBH Job Categories, see the table below:

Category	Job Title	Job Function	PHI Records Accessible to Perform Job KEY: 1 = DEMOGRAPHIC INFO 2 = CLINICAL RECORDS (i.e. Progress Notes, PCPs, Periodic Reviews, etc) 3 = CONSENTS/RELEASES 4 = ELIGIBILITY INFO & FEE ASSESSMENTS 5 = BILLING/SERVICE RECORDS 6 = ALL RECORDS	EPHI Records Accessible to Perform Job KEY: 1 = DEMOGRAPHIC INFO 2 = CLINICAL RECORDS (i.e. Progress Notes, PCPs, Periodic Reviews, etc) 3 = CONSENTS/RELEASES 4 = ELIGIBILITY INFO & FEE ASSESSMENTS 5 = BILLING/SERVICE RECORDS 6 = ALL RECORDS	Conditions/Limitations KEY for PHI & EPHI: 1 = ALL HBH CONSUMERS 2 = CASES ASSIGNED TO STAFF 3 = ALL CASES W/I A PROGRAM 4 = CASE RECORD INFORMATION FOR AN EVENT/ISSUE (i.e. GRIEVANCE, RR COMPLAINTS, AUDITS, etc.) 5 = PEER REVIEW, RR, MR, PCP 6 = INFORMATION SPECIFIC TO JOB FUNCTION (IE: STATE REPORTING, BILLING, CONTRACTS)
Admin	CEO/Executive Director	Oversee agency operations, liaison to Board of Directors, establishes policies	6	6	1
Admin	Clinical Director	Manage operations of clinical, administrative support staff	6	6	1
Admin	Medical Director	Manage operations of clinical/medical services. Perform psych evaluations and assessments, perform on-going evaluation and medication reviews	6	6	1
Admin	Psychiatrist	Perform Psych evaluations and assessments, perform on-going evaluation and medication reviews	6	6	1
Medical	Nurse Practitioner	Evaluate and monitor mental health and medication issues including prescribing psychotropic medications,	6	6	2, 3
Admin	Board Clerk/HR Manager	Manage human resource issues, maintain job descriptions, hiring, Board meetings and minutes, provide assistance to CEO	1	1	6
Admin	Recipient Rights Officer	Manage recipient rights issues, concerns, complaints; train employees in RR.	6	6	4
Admin	Information Technologies (IT) Manager	Manage hardware and software, compile reports, Monitor employee's information systems activities	6	6	6
Admin	HIPAA/Security Officer	Monitor HIPAA practices and compliance, conduct audits, provide back-up to IT Manager when needed	6	6	6
Admin	Training Manager	Manage staff training, schedule and coordinate training activities, maintain training records	NONE	NONE	NONE
ACT/ICSM	ACT/ICSM Social Worker	Provide assistance to MI consumers to enable them to gain access to needed services and to remain in the community. May transport records off-site	6	6	2, 3
ACT/ICSM	ACT/ICSM Registered Nurse	Give injections, prepare med cassettes, track/record medications, perform health assessments, monitor consumer health issues	6	6	2, 3
ACT/ICSM	ACT/ICSM Support Staff	Answer telephones, file consumer information in case records.	6	1, 2	3
Clinical	Program Supervisor	Supervise the activities of ACT, OP, Children's Services, SC/ CSM staff, supervise staff, schedule workloads, monitor consumer care, train staff.	6	6	2, 3
CSM/SC	Case Manager (Adult - MI & I/DD)	Provide assistance to MI & I/DD consumers to enable them to gain access to needed services	6	6	2, 5
CL/SEP	Supported Employment (SEP) & Community Links (CL) Supervisor	Manage the Program activities, supervise CL staff, coordinate activities with consumers, guardians, home owners, & community volunteers, Assist consumers in obtaining meaningful employment or volunteerism.	1, 2, 3, 5	1, 2, 5	2, 3

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CL/SEP	Community Links Clerical Support	Provide support to adult I/DD & MI consumers per their PCP. Help plan, implement, & document social, community, & volunteer activities.	1, 2, 3, 5	2, 3, 5	3
SEP	SEP Staff	Assist consumers in obtaining and retaining meaningful employment through job placement assistance, job coaching, job shadowing, etc.	1, 2, 3, 5	1, 2	2, 3
Children's Services	Children's Services Worker	Provide assistance to children/families and provide needed services.	6	6	2, 3
Home Base	Home-Based Worker	Provide intensive services to children & families with multiple service needs who require access to a continuum of mental health services in order to promote healthy family functioning.	6	6	2, 3
OP	Registered Nurse	Provide health care services, conduct assessments & coordinate with Psychiatrist.	6	6	2, 3
All programs	Housing Specialist	Assist with locating housing for consumers and coordinate relocations including furnishings, labor, etc.	1, 4	1, 4	2
OBRA	OBRA Coordinator	Schedule, coordinate & prepare OBRA assessments for the OBRA Preadmission Screening, Initial Resident Review and Annual Resident Review (PASAAR).	6	6	2, 3
Clinic Services	Registered Nurse	Provide clinical assessments for the I/DD Residential consumers including assessments, treatment planning, and monitor consumer's healthcare needs. Coordinate w/Primary worker	6	6	2, 4
Admin	Self-Determination/ Coordinator	Monitor services to consumers in specialized residential homes, monitor licensing of residential homes. Oversee Self-Determination activities.	6	6	2, 4, 5
ES	ES Staff Assigned to ES/ On-Call)	Provide emergency care/treatment to stabilize consumers	6	6	1, 2, 4
Contractual	Psychiatrist	Diagnose and treat a variety of MI & I/DD consumers. Consult with staff	6	NONE	2
OP	Outpatient Therapist	Develop PCPs and therapy/counseling.	6	6	2
Clinical	Psychologist	Perform psychological assessments & evaluations, develop goals, treatment plans, etc. as requested	6	6	2
Admin	Prevention Specialist	Provide community education and outreach activities to support SUD & suicide prevention and anti-stigma	NONE	NONE	NONE
Clinical	Peer Recovery Navigator	Work with peers on promoting recovery	6	6	2
Admin	Contract Manager	Manage the contracts between HBH and external contracted service providers	1	1	6
Support	Facilities Manager	Manage day-to-day maintenance and facilities issues, supervise janitorial staff, perform and/or oversee repairs, maintenance on facilities and agency vehicles	NONE	NONE	NONE
Support	Clerical Support Supervisor/Staff	Provide secretarial & clerical support services to clinical staff, prepare documents and enter into EMR & other computer systems, answer telephones,	6	6	1

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Support	Janitor	Janitorial activities to clean & maintain facilities and vehicles	NONE	NONE	NONE
Admin	Reimbursement Coordinator	Enter billing activities and generate reports,	6	1, 3, 4, 5	1
Admin	Chief Finance Officer	Manage overall agency finance activities, generate financial reports, manage financial records, monitor expenses, generate budgets	1, 4, 5	1, 4, 5	6
Admin	Finance Coordinator	Enter financial information into EMR and excel reports and assist with overall finance department responsibilities/activities	1, 4, 5	1, 4, 5	6
Admin	Accounting Assistant I	Enter financial information into EMR and excel reports, perform payroll activities, assist with general finance activities	1, 4, 5	1, 4, 5	6

3. **Disclosures to Third Parties** (see also " Minimum Necessary Policy for External Disclosures Policy" ORI.1.13)**:**

   a. Disclosures of PHI and EPHI that do not occur on a routine basis must be reviewed individually to determine the minimum amount of information that should be disclosed to achieve the stated purpose of the disclosure, based upon the following criteria:

   - Determine whether the requestor was specific about the type of information that is needed (e.g., demographics, finance/billing, clinical portions of the medical record, etc.)

   - If the requestor was not specific, ask the requestor specifically what information is needed and why it is needed

   - If the requestor requests the entire medical record, ask the requestor to justify why the entire medical record is needed. Employees should not disclose an entire medical record until satisfactory justification is provided by the requestor (e.g., court order, consumer request).

   - Determine whether the requestor is properly representing his/her office:

     o When making a permissible disclosure to a public official, HBH staff may rely on the public official's representations regarding the amount of information needed.

     o When making a disclosure to another covered entity (e.g., another provider, health plan, or clearinghouse), HBH staff may rely on the requestor's representations regarding the amount of information needed.

     o HBH staff may rely upon the professional judgment of a business associate (see definition section) to determine what information is needed for the performance of professional services (for example, a financial auditing firm or a contracted service provider).

   - If the employee has any question regarding the appropriateness of the scope of the request, the employee should contact the Corporate Compliance Officer, Privacy Officer or the Executive Director for guidance before disclosing any information.

   - Employees are responsible for verifying the identity of a requestor if the employee does not know the requestor.

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4. <u>Application of the minimum necessary rule where HBH is the requestor:</u>

HIPAA also requires HBH to restrict requests for information to the minimum necessary to achieve the intended purpose of the requested disclosure. Requests for PHI/EPHI should be made subject to the following criteria:

- Requests should be as specific as possible with respect to the amount of information needed
- Requests should not be for entire medical records unless absolutely necessary
- Employees should be prepared to provide justification for the scope of their request

5. <u>Change in status requiring modification to existing rights to access EPHI:</u>

It is policy of HBH that when an individual ceases employment/service provision (e.g., through termination, resignation, retirement, etc.), the following steps will be taken immediately. (See also "Employee Exit Interview Procedure" HR.2.07):

- The individual's password to all computer systems will be disabled or deleted;
- All remote access to HBH's systems will be terminated;
- The individual will be asked to return all keys and keycards;
- The individual will be asked to return his or her name badge; and
- The individual will undergo an exit interview that includes a discussion of the confidentiality of PHI and EPHI. See also "Exit Interview & End of Employment Checklist" (90-279)

If there is a change in an employee's status within HBH through a change of position/status, modification to existing rights to access PHI/EPHI will be conducted. The increase or decrease of the individual's ability to access PHI/EPHI will be dependent upon the individual's needs and in compliance with the job category table in #2 above.

The IS Manager, Security Officer, and HR Manager are responsible for coordinating and ensuring that the appropriate steps are taken to promptly disable systems and access rights when an employee is terminated.

Definitions/Acronyms:

Acronyms:

ACT – Assertive Community Treatment
CEO – Chief Executive Office
CFR – Code of Federal Registry
CL – Community Links
EOB – Explanation of Benefits
EHR – Electronic Health Record
EMR – Electronic Medical Record
EPHI – Electronic Protected Health Information
HBH – Huron Behavioral Health
HIPAA – Health Insurance Portability and Accountability Act
HITECH - Health Information Technology for Economic and Clinical Health Act
HR – Human Resource
I/DD – Intellectual/Developmental Disability
IS – Information Systems
MDHHS – Michigan Department of Health and Human Services
MI – Mental Illness
OBRA – Omnibus Budget Reconciliation Act
OP – Out-Patient
PASAAR – Pre-Admission Screening & Annual Resident Review
PHI – Protected Health Information
QI – Quality Improvement

RR – Recipient Rights
SAL – Service Activity Log
SEP – Supported Employment

Definitions:

Business Associate - a person or company who performs functions or services on behalf of HBH that involves the use of PHI (Note: Other treatment providers and health plans are not typically business associates since they are obligated as a covered entity under HIPAA to also comply with the HIPAA regulations. Examples of Persons/Entities that are Business Associates:

- Billing companies
- Clearinghouses
- Software Vendors
- Consulting Companies
- Accounting and/or Law Firms
- Interpreter/Translator Services
- Record Storage Companies
- Residential and In-patient facilities
- Accreditation Organizations

Examples of Persons/Entities that are NOT Business Associates:

- Cleaning companies
- Repair Companies
- Courier Services
- Third-party Payors

Treatment, Coordination of Care, and Payment: the HIPAA privacy rule defines these terms broadly as follows:

- ***Treatment*** means the provision, coordination, or management of healthcare and related services (including coordination and management by a provider with a third party; consultation between healthcare providers relating to a patient; or referral of patient for healthcare from one provider to another).

- ***Coordination of Care*** refers to a set of activities designed to ensure needed, appropriate, and cost-effective care for consumers. As a component of overall care management, care coordination activities focus on ensuring timely information, communication, and collaboration across a care team and between responsible plans. Major priorities for care coordination in the context of a care management plan include:
  o Outreach and contacts/communication to support consumer engagement
  o Conducting screening, record review, and documentation as part of evaluation and assessment
  o Tracking and facilitating follow-up on lab tests and referrals
  o Care planning
  o Managing transitions of care activities to support continuity of care
  o Monitoring, reporting, and documenting care activities

- ***Payment*** means activities undertaken by a provider to obtain payment or be reimbursed for healthcare services provided to the consumer. This includes, but is not limited to:
  o Determining eligibility or coverage
  o Billing and collections
  o Claims adjudication
  o Review of services related to medical necessity or justification for charges
  o Risk adjustments
  o Utilization Management (UM) activities

o   Disclosures to consumer reporting agencies (limited to specified identifying information about the individual, his or her payment history, and identifying information about the covered entity).

Forms:

90-279 End of Employment and Exit Interview Checklist

Records:

N/A

Reference(s) and/or Legal Authority:

HR.2.07 Employee Exit Interview Procedure
ORI.1.13 Minimum Necessary Protocols for Routine Disclosure of PHI and EPHI (External Disclosures) Policy
ORI.1.31 Breach Notification Policy
ORI.2.05 HIPAA Audit Procedure
ORI.2.09 Monitoring Employee Access to EMR/EHR Procedure
PPM.00 Employee Handbook
RR.2.07 Confidentiality and Disclosure of Information Procedure
Health Insurance Portability and Accountability Act (HIPAA) of 1996 @ http://www.hhs.gov/ocr/privacy/
45 CFR §160, 162, 164 @ http://www.access.gpo.gov/nara/cfr/waisidx_02/45cfr164_02.html
HITECH final rule @ http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/enfifr.pdf
Public Act 559 (House Bill 5782) @ http://www.legislature.mi.gov/documents/2015-2016/publicact/pdf/2016-PA-0559.pdf

Change History:

Change Letter	Date of Change(s)	Changes
A	01/24/03	Added "PHI" Information on Page 1 Under "Information" section, ORI.1.13 under "Reference" section, Added "EOB" to Acronym section
B	02/11/03	Corrected job categories for CCL, CSM, Contractual, Support, added accessibility to job functions for Finance Manager, & Assistant Accountant
C	06/23/04	Added "EPHI" column to table, removed numerous job categories that are no longer applicable, added reference to ORI.2.05, added "EPHI" to "Acronym" section, modified wording to reflect additional EPHI, wherever practical,
D	02/08/05	Added policy bullet #5 regarding "change in employment status" relating to EPHI
E	07/08/05	Added the first bullet and 2 sub-bullets in the "Information" section to reflect required HIPAA Privacy language due to AAM's formation of the OHCA (Organized Health Care Arrangement), added references & hyperlinks, added acronyms, added reference hyperlinks, changed "Associate Director of Clinical Programs" to "Long & Short Term Directors in job matrix
F	04/15/09	Reviewed and revised to comply with COA 8th edition standards, changed several titles in table to match existing staff titles (removed Medical Director, changed Personnel Manager to HR Manager, changed ES Supervisor to ES Coordinator, changed SA Coordinator to SA Therapist), no other content changes.
G	03/22/11	Added #1 in "Policy" section, added "EMR" in "Acronym" section,
H	12/12/11	Per request from Suzanne Prich updated the HBH Job Categories. Changed "Long-term & Short-term Program Director" to Clinical Director, removed Executive Assistant from Board Clerk/HR Manager, added Medical Director, removed QI Coordinator and placed "manage QI activities, develop reports" with the Information Systems Manager, placed "perform audits and monitor licensing" with the DD Residential Services Coordinator, and "compliance issues" with Recipient Rights, Removed "Director" and added "Supervisor" under ACT, removed "Crisis Residential" from the ACT RN, removed "may transport files.." from ACT receptionist duties. Added "Case Manager" duties into the CSM duties along with their other duties. Removed "director" from the first CL job title and added "Supported Employment and Supervisor" and added the SEP specialist duties to this position and removed SEP specialist. Added "Children's Case Manager" and their corresponding information. Added the OBRA Prog. Social worker duties to the OBRA Coordinator position, deleted all three Crisis Residential jobs and added Mobile Support Unit (MSU) Supervisor and MSU parapro. Removed Outpatient (OP) Services from the ER Coordinator position and removed OP duties also, added therapist to OP Therapist category. Changed "Rural Outreach Specialist" to "Community Educator" and updated duties. Deleted both substance abuse positions, combined all the clerical support staff positions into one generic position, changed "Finance Manager" to "Chief Financial Officer" and "Assistant Accountant" to "Accounting Assistant I and II".
I	04/22/14	Reviewed and revised to comply with recent HIPAA/HITECH legislation – in "Information" section removed reference to AAM and OHCA arrangement, changed "the agency" to "HBH" throughout document (9 places), in 6th bullet in "Information" section added "treatment activities", added "HITECH" in "Acronym", added last 2 bullets in "Information" section, added "ORI.1.31" and "ORI.2.09" in "Reference" section, in "Job Category" table made numerous changes in record accessibility, removed "Family Support Coordinator", "Mobile Support Unit", "Mobile Support Unit Supervisor", and "Occupational Therapist".
J	12/10/14	Revised "Job Categories" table to reflect current job titles, changed "CMHC" to "EMR" (2 places in table), removed

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		"AAM" & "OHCA" from "Acronym" section
K	11/13/15	Reviewed to comply with M-CEITA Tool & Meaningful Use requirements –
L	06/23/16	In table on pages 5 & 6 added "Nurse Practitioner" & "Finance Coordinator" and changed all "ER" categories to "ES" (5 places), changed "DD" to "I/DD" (5 places), removed "OP Contractual Therapist" & "Accounting Assistant II", "Residential Home Manager", & "Residential Care Staff", in "Acronym" section added "ACT", "CEO", "CL", I/DD", "MI", "OBRA", "OP", "PASAAR", "QI", "RR", & "SEP", made several small grammatical/wording changes/corrections throughout document without changing sentence content.
M	11/29/17	Changed "treatment, payment, and operations" to "treatment, coordination of care, and payment" throughout document (3 places) to comply with Public Act 559, made numerous wording/grammatical changes/corrections throughout document without changing sentence content and for better clarification, added reference to ORI.1.18 ("Employee Code of Conduct Policy") 2 places, in Table on pages 4-6 added "Prevention Specialist" & "Peer Recovery Navigator", corrected titles, in "Acronyms/Definitions" section added "HR" & "IS" and added "Treatment", "Coordination of Care" & "Payment", changed bullets to numbers in "Information" section.
N	08/14/19	Corrected several titles in the Job Category and removed "Community Educator", "ES Coordinator", & Medical Billing Clerk", in #5 broke paragraph into 2 paragraphs and separated terminated employee information from status change of employees, in "References" section added HR.2.07, made numerous wording/grammatical changes/corrections throughout document without changing sentence content.
O	05/08/21	Added reference to "Employee Handbook" PPM.00" (2 places), In "Information" section #15 removed "Effective 04/13/11", in #16 removed "Effective 09/23/13", in Job Category table made several corrections to titles, in "Acronyms section added "SAL", made several additional minor wording/grammatical changes/corrections throughout policy without changing sentence content.
P	06/26/21	In "Job Category" table added "/ICSM" to all three (3) "ACT" jobs
Q	06/11/23	Corrected several job titles in the table in section 2, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.

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