ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued: <u>01/24</u>

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| SECTION Finance | SUBJI Board | CT Fiscal Responsibilities | | |
| WRITTEN BY Karen A. Farr, CPA | REVISED BY Karen A. Farr, CPA AUTHORIZED BY SCCCMHA Board | | | |

| I. APPLICATION: |
|-----------------|
|-----------------|

| \boxtimes | SCCCMHA Board |
|-------------|------------------------------------|
| | SCCCMHA Providers & Subcontractors |
| | Direct-Operated Programs |
| | Community Agency Contractors |
| | Residential Programs |
| | Specialized Foster Care |

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board of Directors to ensure the Authority operates in a manner that is fiscally responsible and ensures accountability for the use of the public funds; and proper internal controls are in place to manage risk and monitor performance.

III. DEFINITIONS:

- A. <u>ACH</u>: Automated Clearing House is a national and governmental organization that has the authority to process electronic payment, including, but not limited to, the national automated clearinghouse association and the Federal Reserve System. ACH payments are next day transfers and are not an immediate transfer of funds similar to a wire.
- B. <u>ADP:</u> Contract payroll service provider.
- C. <u>Agency Business</u>: Includes meals, lodging and parking related to approved conferences, food and beverages and approved purchases for Agency activities.
- D. <u>Capital Budget:</u> A plan that identifies the major asset items to be purchased and the sources of their funding.
- E. <u>Capital/Fixed Assets:</u> Major assets that meet the capitalization threshold (See Standard H.2.). Examples of capital assets may include but are not limited to: land, land improvements, buildings, building improvements, furniture, fixtures, vehicles, machinery, equipment, software, and other tangible or intangible assets.

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- F. <u>Depreciation/Amortization:</u> The method used to allocate capitalized cost over the useful life of the asset is in accordance with GAAP. Straight-line depreciation method is used.
- G. <u>Donation:</u> A grant, bequest, cash or gift from a local non-governmental, charitable institutions or individuals.
- H. EFT: Electronic Funds Transfer.
- I. <u>Emergency Payment:</u> A payment that is prepared outside of the normal accounts payable cycle. An emergency payment should only be requested when necessary to ensure the safety and well-being of persons SCCCMHA serves or to avoid financial consequences detrimental to the Authority.
- J. <u>Fiscal Year:</u> A fiscal year is a twelve-month period that does not align with a calendar year. The fiscal year for SCCCMHA is October 1 through September 30 each year.
- K. <u>GAAP:</u> Generally Accepted Accounting Principles
- L. GASB: Governmental Accounting Standards Board
- M. <u>GSA</u>: The United States General Services Administration. This federal agency's Cooperative Purchasing Program allows state and local governments to purchase IT, security, and law enforcement products through federal government contracts at competitive pricing.
- N. MDHHS: Michigan Department of Health and Human Services.
- O. <u>MiDeal:</u> A State of Michigan operated program which allows local governments to use state contracts to buy goods and services at competitive pricing.
- P. <u>Operating Budget:</u> An overall plan for the coordination of current financial resources that identifies the expected availability and use of resources during a fiscal year/period.
- Q. <u>Per Diem:</u> Per Diem payments are authorized for attendance at SCCCMHA Board approved committees/advisory Council meetings, as assigned by the program director/designee.
- R. <u>PIHP:</u> Prepaid Inpatient Health Plan.
- S. <u>Purchase Order:</u> A manually pre-numbered form issued by Administration to a vendor signed by the Chief Financial Officer (CFO)/Designee.
- T. <u>Useful Life:</u> The estimated period of time an asset will be useful. The cost of the asset will be allocated during the same period of time. It may be revised at any time but any revision must be accounted for prospectively, in current and future periods (treated as a change in estimate). The Estimated Useful Lives of Depreciable Hospital assets by the American Hospital Association Health Data Management Group will be used as guidance.
- U. Wire Transfer: Immediate transfer of funds.

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IV. STANDARDS:

The following standards are those that are specifically identified as the responsibility of the Board of Directors to ensure the Authority operates in a manner that is fiscally responsible and ensures accountability for the use of the public funds; and proper internal controls are in place to manage risk and monitor performance.

A. **Budgets and Budgetary Compliance:**

An annual operating budget will be developed to be used as a tool to ensure effective resource management and corporate strategy implementation. The budgetary process shall comply with guidelines set forth by the SCCCMHA Board and be consistent with GAAP.

- 1. The budget will be approved and formally adopted by the SCCCMHA Board prior to the commencement of the fiscal year.
- 2. The budget will be amended by the SCCCMHA Board, as necessary, throughout the fiscal year. No budget amendments will be allowable after year-end.
- 3. Each Federal grant will have an award budget, which will be incorporated into the Authority-wide operating budget.
- 4. Management will review the budget vs. actual reports on a regular basis with the SCCCMA Board in order to identify inconsistencies.

B. Financial Reporting:

The purpose of financial reporting is to provide relevant information that encompasses internal controls, budgeting/management, planning, transparency and valuation as well as provides accountability for the use of public funds.

- 1. All MDHHS financial reports will be developed and completed in accordance with the terms and standards set forth in the contract between SCCCMHA and MDHHS and the contract between SCCCMHA and Region 10 PIHP.
- 2. All financial reports will be prepared on a full accrual basis using GAAP.
- 3. Budget to actual revenue and expenditure reports from SCCCMHA will be received and reviewed as required by the contract with Region 10 PIHP.
- 4. Budget adjustments will be determined through the process of projecting the expenditures through

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the end of the fiscal year as compared to the actual near the midpoint of the fiscal year. The SCCCMHA budget will be adjusted in accordance with the process required by the Region 10 PIHP.

C. Cost Settlement:

The process of cost settling the monthly advances from Region 10 PIHP at fiscal year- end based on the actual revenue and expenditures governed by the terms of the contract with Region 10 PIHP and MDHHS.

- 1. All cost settlement reports, preliminary and final, will be prepared in accordance with the format and timelines specified in the contracts between Region 10 PIHP and between MDHHS and SCCCMHA.
- 2. All cost settlement reports will be based on financial records prepared on the applicable basis allowed by MDHHS (either full or modified full accrual) in accordance with GAAP.
- 3. The regional finance officers will meet as needed, but at least quarterly, to keep abreast of issues potentially having an effect on the preliminary and final cost settlement with MDHHS.

D. Purchase Request:

Purchasing activities will be fair and equitable and provide the maximum purchasing value for public funds while conforming to the methods of procurement outlined in 2 CFR 200.320. The purchasing procedures are designed to maintain a procurement system of quality and integrity.

- 1. Purchases of \$10,000 but less than \$150,000 for a single item must be approved by the Chief Executive Officer (CEO). In addition, the Board is to be notified of any purchases of \$100,000 to \$150,000.
- 2. Purchases greater than \$150,000 for a single item require Board approval.
- 3. Programs shall not order from the Contracts, Supplies, Services and Materials (CSS&M) before receiving a numbered Purchase Order signed by the Agency's Chief Financial Officer (CFO)/Designee, except for van repairs of an urgent nature and other emergencies.
- 4. Members of special committees or the advisory council are eligible for one per diem payment per day regardless of the number of different advisory/committee meetings attended during the day. Per diems are paid on a monthly basis at \$30 per day.

E. Payment of Bills via Check, ACH or Wire Transfer:

A structured payment schedule is in place to ensure the uninterrupted payment of bills. Emergency payments, those outside of the normal accounts payable cycle, are allowed to ensure the safety and well-

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being of persons served by SCCCMHA or to avoid financial consequences detrimental to the Authority.

- 1. When the SCCCMHA Board is unable to meet due to unforeseen circumstances, the Board authorizes administrative staff to release payment of invoices that represent reimbursement of expenses for contracts the Board has already approved and further to release all other invoices necessary to carry on the day-to-day regular business of the Board. The aforementioned invoices will be presented along with other invoices to be paid at the next regular Board meeting.
- 2. All wire transfers and ACH payments require electronic approval by a second person on each external transfer before the bank processes such payments.

F. Payroll Processing:

The purpose for establishing payroll policies is to provide accurate and timely processing of payments to employees for services rendered while incorporating procedures supporting the employer's ability to comply with all payroll and payroll-related laws and requirements. Best practices for payroll processing fulfills the state purpose by streamlining the management of payroll, by supporting accuracy of wage computation and resulting liabilities. This policy incorporates Internal Revenue Service (IRS) employment tax regulations, U.S. Department of Labor (DOL) wage and hour requirements, state laws, collective bargained agreements and other employment contracts, when applicable.

- 1. The Agency's pay structure is its policy for compensating employees at particular rates for a particular job, as well as communicate what employees may expect in the future which is clearly defined in the collective bargaining agreements between SCCCMHA and its two union groups, SCCCMH Employees AFSME Local 3385 and Chapter 20. Proposed contract terms are approved by the Board prior to the ratification vote of the union membership.
- 2. The Agency must adhere to the federal and state labor laws and the payroll system is used for this purpose. The Fair Labor Standards Act (FLSA) sets the federal minimum wage laws and the State of Michigan mirrors the federal minimum wage. In the event the state minimum wage is greater that the federal minimum wage, the state minimum wage would apply. In addition, the Department of Labor (DOL) has many regulations regarding exempt vs. non-exempt employees; exempt qualifying for overtime pay for hours worked in excess of 40 hours in a work week while non-exempt do not normally qualify. Governmental entities have special rules for comp-time including limits on hours accrued and furlough days impacting exempt employees. These regulations are outlined in the Union collective bargaining agreements and the Human Resource policy, Personnel: Work Schedules Leave time; Overtime; Timecards, (#06-001-0075).
- 3. Governments, unlike private businesses, are impacted by the Freedom of Information Act (FOIA). Many aspects of managing the Agency payroll are confidential and special care is taken to ensure that personal information (social security number (HR Policy #06-001-0155, Social Security Numbers Privacy), personal payroll elections e.g. voluntary compensation deductions) is not revealed to the public.

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G. Credit Cards:

Authority credit cards will be maintained for selected staff for their use in Agency business. Non-business use is specifically prohibited.

- 1. Public Act 266 of 1995 became effective January 8, 1996. The act authorizes the use of credit cards by local units of government for appropriate expenses. The act also sets specific criteria, which must be followed. A local unit must have adopted by Board resolution, a written policy that provides all of the following:
 - a. An employee is responsible for the issuance, accounting, monitoring, and retrieval and generally for overseeing compliance with the credit card policy.
 - b. That the credit card may be used only by an officer or employee for the purchase of goods or services for the official business of the local unit.
 - c. The employee using the credit card must submit documentation detailing the goods or services purchased, cost, date of the purchase, and the official business.
 - d. The employee issued the credit card is responsible for its protection and custody and shall immediately notify the local unit if the card is lost or stolen.
 - e. The employee must immediately surrender the card upon termination
 - f. A system of internal controls to monitor the use of the credit card.
 - g. That the balance under the credit card arrangement shall be paid within the appropriate time allowed to not incur finance and interest charges. The local unit shall comply with this provision of the credit card policy.
 - h. The policy must provide for disciplinary measures consistent with law for unauthorized use.
 - i. Any other matters the governing body considers advisable.
 - j. The total combined authorized credit limit of all credit cards issued by a local unit shall not exceed 5% of the total budget of the local unit for the current fiscal year. The local unit may include in its budget the authorization to pay the balance due on any credit cards including the annual fee, interest, and finance charges if incurred.

H. Capital Asset Management:

Capital expenditures will be identified and recorded in accordance with procedures delineated by:

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Applicable Federal and State Regulations and Rules, Generally Accepted Accounting Principles, and the pronouncements of the Governmental Accounting Standards Board to ensure a consistent and cost-effective method of accounting of the capital assets.

- 1. Capital assets should be capitalized only if they have an estimated useful life of at least two years following the date of acquisition.
- 2. A capitalization threshold of \$5,000 has been determined and should be applied to individual assets rather than to groups of similar items. All equipment purchased with a cost greater than \$5,000 directly by SCCCMHA shall be tagged and identified in a separate ledger showing the date of purchase, vender, serial number, cost and identification number. Any changes in inventory status shall be documented accordingly.
- 3. The State has title to all equipment and the local agency and/or the county have a proportionate share in the match cost of all equipment.
- 4. SCCCMHA staff must notify and seek approval from the SCCCMHA Chief Financial Officer (CFO) for the transfer and/or disposal of any equipment. Disposal of obsolete, unused, or inappropriate equipment should be made whenever possible by trading it in for credit on the replacement item. When trade-in is not possible, disposal should be recorded only after documentation of current value and selling it for that value.

I. <u>Charitable Fund Accounts and Donations</u>:

SCCCMHA will offer opportunities for the community, as well as employees, to donate to various charitable fund accounts sponsored by SCCCMHA. Donated funds are used to meet community and agency needs that are not able to be funded by other sources. SCCCMHA will ensure consistent standards and guidelines are followed for use and acknowledgement of charitable donations.

- 1. All charitable donations will be considered to be undesignated and unreserved and therefore available for use as needed, provided that upon receipt no specific designation for use of funds is made by the donor.
- 2. All donations designated for a particular purpose of program by the donor will be used in a manner consistent with the wishes of the donor.
- 3. All fund accounts are sponsored by SCCCMHA and have been separated into multiple accounts based on specified use. SCCCMHA also financially manages each of the accounts, with the exception of the Community Foundation Endowment Fund which is managed by the St. Clair County Community Foundation according to the guidelines of the current Agency Designated Funds Agreement.
- 4. Opportunities for charitable donations are marketed by SCCCMHA (all fund accounts) and the St.

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Clair County Community Foundation (Endowment Fund only). Marketing of the Endowment Fund is intended to generate public support for the special programs, projects and operations of SCCCMHA. The fund is specially designed to provide for basic needs of individuals who receive SCCCMHA services, but whose needs are not able to be funded through other sources. The Endowment Fund operates under the policies and procedures outlined within the current Agency Designated Fund Agreement.

- 5. The Endowment Fund's net income, as calculated by the Foundation's Spending Policy (which may from time to time be amended) shall be made available to assist Community Mental Health in the fulfillment of their mission. All distributions must be consistent with the exempt purposes of The Foundation as specified in its Articles of Incorporation and Bylaws, (which may from time to time be amended).
- 6. In addition to the net income described above, the Foundation may award up to 20% of the total Fund balance to support special projects or to meet extraordinary needs of SCCCMHA. Such additional disbursements require special approval by the Foundation and may not be made more than once annually.

V. PROCEDURES:

A. SCCCMHA Board

- 1. Approves the annual budget with funding sources identified as applicable for submission to the PIHP.
- 2. Approves purchase requests exceeding \$150,000.
- 3. Approves all vendor payments presented on a monthly basis.
- 4. Reviews the final settlement report as submitted to MDHHS.

B. Chief Executive Officer (CEO)

- 1. Reviews the annual budget prepared by the Chief Financial Officer (CFO) and approves for submission to the SCCCMHA Board for approval.
- 2. Reviews and approves/denies purchase requests for all purchases greater than \$10,000 but less than \$150,000. Submits an email to the Board of Directors for all approved purchases between \$100,000 and \$150,000.
- 3. Reviews and recommends approval of purchase requests exceeding \$150,000 to the SCCCMHA Board.

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- 4. Ensures request in the amount of \$50,000 or higher from the Community Foundation Endowment Fund are reviewed and approved by the SCCCMHA Board.
- 5. Sends a letter of Acknowledgement, to a donor that has made a charitable donation to SCCCMHA, for tax purposes.

C. Chief Financial Officer (CFO)

1. Performs the required CFO level procedures outlined in the Administrative Procedures related to Board Fiscal Responsibilities (#07-001-0006) for each of the Standards included within this policy.

D. Finance Staff

1. Performs the required Finance Staff level procedures outlined in the Administrative Procedures related to Board Fiscal Responsibilities (#07-001-0006) for each of the standards included within this policy under the direction of the CFO.

E. Contract Management Staff

1. Performs the required Contract Management Staff level procedures outlined in the Administrative Procedures related to Board Fiscal Responsibilities (#07-001-0006) for each of the standards included within this policy under the direction of the CFO.

VI. REFERENCES:

- A. PIHP Contract
- B. MDHHS Contract
- C. 200 CFR (Code of Federal Regulations)
- D. Public Act 266 of 1995
- E. Community Foundation of St. Clair County Designated Fund Agreement

VII. <u>EXHIBITS</u>:

- A. Chart of Accounts
- B. Per Diem Information Form or Waiver of Per Diem

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C. Committee/Advisory Council Meeting Member Voucher

VIII. <u>REVISION HISTROY:</u>

Date Issued: 06/21, 12/22, 12/23.

CHART OF ACCOUNT NUMBERS

| Acct. # | Term | Descriptions | |
|---------|---------------------------------|---|--|
| | | - | |
| 53040 | Employee Employment Expense | Drug Tests, Job Postings, Job Placement Fees | |
| 53050 | Employee Appreciation | Employee recognition items, lunches, etc. | |
| 60010 | Office Supplies | Paper, Copy & Fax Machine Supplies, toner for printers, | |
| 60020 | Deintin | Pens, Calendars, etc. | |
| 60020 | Printing | Printing of Letterhead, Return Address Envelopes, Business | |
| 60110 | Doctors | and/or Appointment Cards (Printing Cost Only) | |
| 60110 | Postage | U.S. Postage Stamps, Certified Mail, United Parcel Service, Postage for Postage Meter | |
| 60120 | Freight and Express | Moving of office furniture, freight charges on purchases, etc. | |
| 60210 | Food Supplies | Items purchased with intent to prepare food. | |
| 60220 | Kitchen Supplies | Cups, Coffee Stir Sticks, Silverware, Utensils, etc. | |
| 60230 | Uniforms | Galley | |
| 60240 | Vending | Vending Supplies/Expense | |
| 60250 | License | License Fees | |
| 60310 | Consumer Supplies | Items used for clients. | |
| 60320 | Medical Supplies | Self-Explanatory. | |
| 60340 | Bus Tickets | For Individuals we serve. | |
| 60410 | Computer Supplies | For small computer supplies | |
| 60415 | Technology Supplies & | For larger technology supply purchases & equipment | |
| | Equipment | 27, | |
| 60420 | Software License & Maintenance | Software Maintenance/Support Agreements | |
| 60430 | Software Purchases | Cost of software (does not include license and maintenance fees) Less than \$5,000 | |
| 60440 | Network Infrastructure & | Network Equipment and Support Fees | |
| | Support | | |
| 61000 | Membership & Dues | Cost of Memberships for programs/agency – not individuals | |
| 61100 | Subscriptions | Agency Subscription Fees | |
| 62100 | Travel | Cost of monthly mileage allowance. | |
| 62150 | Travel - Other | Cost of travel related expenses other than mileage, such as | |
| | | parking, meals, etc. | |
| 62210 | Professional Development | Professional Development | |
| 62220 | Meetings | Costs of Meetings – Presenters, Food, Materials, etc. | |
| 62310 | Training Supplies and Materials | Cost of books, videos, pamphlets, etc. that aid in Agency training | |
| 62320 | Books, Magazines | Subscriptions to magazines or purchase of books. | |
| 62330 | Testing Materials | Cost of Testing Materials Used for clients. | |
| 62340 | Public Training & Education | Brochures, Seminars that you sponsor, etc. | |
| 62350 | Employee Training | Seminars, workshops, or other educational sessions for staff. | |
| 63100 | Liability Insurance | Liability Insurance Costs | |
| 63200 | Vehicle Insurance | Vehicle Insurance Costs | |
| 64000 | Rent | Rental Fees | |
| 64110 | Utilities | Cost of Heat, Lights, Gas and/or Water Payments | |
| 64200 | Telephone | Cost of monthly telephone charges and/or installation. | |
| 64310 | Janitorial Supplies | Trash bags, cleaning agents, toilet paper, paper towels, tissues, etc. | |
| 64320 | Building Repair and Maintenance | Grass seed, rock salt, snow shovel, rake, etc. Cost of Janitorial Services, Snow Removal, Trash Pick-up, etc. | |
| 64330 | Fire Fighting Supplies | Fire Extinguishers or the cost of service on them. | |
| 65000 | Legal | Legal Fees | |
| 65000 | Legal | Legal Fees | |

| 65100 | Audit | Auditing Fees |
|-------|---------------------------------------|---|
| 65200 | Advertising | Cost of advertisements (i.e., Radio, Billboards, etc.) |
| 65300 | Marketing Costs | Marketing supplies such as pens, clothing, etc. |
| 65310 | Public Relations | Community Events |
| 65400 | Contractual Employees | Contracted Professional Services |
| 66020 | Office Equipment Repair & Maintenance | Cost of Service to Typewriters, Copy Machines Calculators, Printers & Computers |
| 66110 | Computer Components <\$500 | Replacement parts, cables, keyboards, etc., which <u>does not</u> exceed \$500. |
| 66210 | Office Equipment | Cost of Office Equipment which does not exceed \$5,000. |
| 66220 | Equipment Repair and Maintenance | Cost of Service for Vacuum cleaners, refrigerators. |
| 66410 | Equipment Rental | Cost of Equipment Rental (i.e., Postage Meters) |
| 67010 | Gas, Oil, and Grease | Cost of Gas, Oil and Grease used in the vans/cars. |
| 67020 | Tires and Tubes | Tire Purchases and Repair |
| 67040 | Vehicle Repair | Cost of Tune-up, Oil changes, Maintenance on Vans/Cars |
| | | |

EXHBIT A

COST CENTERS NUMBERS

| Dept. # | Program | |
|---------|---|--|
| 1110 | General Administration | |
| 1115 | Board of Directors | |
| 1120 | Human Resources | |
| 1130 | Administration | |
| 1140 | Public Relations/Community Relations | |
| 1150 | Training | |
| 1160 | CSCB | |
| 1165 | Community Resource Fair | |
| 1170 | SOS Activities | |
| 1175 | Community Car Seats | |
| 1180 | Housing Symposium | |
| 1185 | CIMS | |
| 1190 | Customer Service | |
| 1210 | Financial Management | |
| 1310 | Information Technology | |
| 1320 | Data Management | |
| 1330 | OASIS Support | |
| 1410 | Provider Network Management | |
| 1510 | Utilization Management | |
| 1530 | Hospital Liaison | |
| 1620 | Recipient Rights | |
| 1630 | Mental Health Code/CMHSP Only | |
| | Activities | |
| 1710 | Quality Management | |
| 1800 | Other Managed Care Administration | |
| 1810 | Care Coordination | |
| 1820 | Other Healthcare Quality Improvement Activities | |

| 1830 | Fraud, Waste, and Abuse | |
|------|---------------------------------------|----------------------------|
| 1840 | Medical Records | |
| 1850 | Self-Directed Administration | |
| 2000 | Clinical Supervision for Allocation | |
| 2010 | Clinical Support Staff for Allocation | |
| 2100 | Behavior Treatment | |
| 2150 | Medication Assisted Treatment (MAT) | |
| 2170 | Transportation – Service Provision | |
| 2200 | Case Management | |
| 2205 | Outpatient | |
| 2210 | Community CLS/Skill Building | |
| 2215 | Assertive Community Treatment (ACT) | |
| 2220 | Supported Employment | |
| 2225 | Peer Services | |
| 2230 | Crisis | |
| 2235 | Mobile Crisis | |
| 2240 | Prevention Services – Direct Model | |
| 2245 | PT/OT/ST | |
| 2250 | SIS Assessment | |
| 2255 | Galley | |
| 2320 | Autism | |
| 2330 | Homebased | |
| 2340 | Wraparound | |
| 2410 | Psychiatric Services – Med Clinic | |
| 2500 | SUD Case Management | |
| 2510 | SUD Crisis | |
| 2520 | SUD Outpatient | |
| 2530 | SUD Peer Services | |
| 2540 | SUD Psychiatric Services – Med Clinic | |
| 3110 | Electric Avenue | |
| 3120 | Marine City | |
| 3130 | Capac | |
| 3150 | Children's Services Bldg | |
| | Grants / Special Funds | Contact Danielle Hazlewood |

St. Clair County Community Mental Health Authority 3111 Electric Avenue, Port Huron, MI 48060-5416 Phone: (810) 985-8900 ~ Fax: (810) 985-7620

Dear Committee Member/Board/Advisory Council Member:

Sincaraly

Thank you for agreeing to serve as a member of a designated board, committee or advisory council. Your input is a very important element of the decision making processes regarding our services.

In order to help sustain this citizen input, our Board has established a per diem payment of \$30.00 for attendance at these activities. You are eligible to receive one per diem for each day you attend a meeting or session. If you are appointed to attend a meeting representing SCCCMHA outside of St. Clair County you can submit for mileage at IRS approved mileage rate.

Per diems are paid by Electronic Funds Transfer (EFT) in the next available payables cycle. You must complete the attached per diem form and return it to our Administration office at the above address. You can expect to receive your payment approximately three (3) weeks after you have submitted your per diem form.

Please complete the information at the bottom of this letter and return it to Associate Director/designee at the SCCCMHA Administration office at the above address. This information is required so that we can process checks payable to you. If you do not wish to receive the per diem, please complete the Waiver of Per Diem form and return to our Administration office.

Thank you again for agreeing to serve. If you have any questions, please call the St. Clair County Community Mental Health Administration office at (810) 985-8900.

| Sincercity, | |
|--|---|
| Debra Johnson Chief Executive Officer | |
| Name: | |
| Address: | |
| Social Security Number: | |
| My signature indicates I have | read and am in agreement with policy 07-003-0005. |
| Signature: | Date: |



Debra B. JohnsonChief Executive Officer

Mohammad Saeed, MD
Medical Director

Nancy Thomson Board Chairman

St. Clair County Community Mental Health Authority

Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies

SCCCMHA BOARD/ADVISORY/COMMITTEE MEMBER WAIVER OF PER DIEM

| I am requesting that I not receive a per diem for my service on the "Fill in the |
|--|
| Name of the Board/Committee/Advisory Council". I will still receive my trave |
| reimbursement at the approved IRS rate. This election is effective |
| and will remain in effect through my tenure as a |
| Board/Advisory/Committee member or until such time that I request (in writing |
| to end this waiver. |
| |
| |
| Name: |
| (Please Print) |
| |
| Signature: |
| |
| |
| Date: |
| |

cc: Chief Executive Officer
Chief Financial Officer
SCCCMHA Board/Advisory/Council Member File

COMMITTEE/ADVISORY COUNCIL MEETING MEMBER VOUCHER

| Name: | | Date Submitted: | | |
|------------------------------|------------|-----------------|----------|--|
| Address: | | Date Covered: | Through: | |
| Date | Committee | Per Diem | Total | |
| | | \$ | \$ | |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | \$ | \$ | |
| Signed | | <u></u> | | |
| Approved by: | | _ | | |
| Committee/Advisory Council N | A anala an | | | |

Thank you for serving as a member of a designated committee or advisory council. Your input is a very important element of the decision making process regarding our services.

Per diems are paid by Electronic Funds Transfer (EFT) in the next available payroll cycle. Please complete this form and return it to:

Kathleen Gallagher, Program Director St. Clair County Community Mental Health Authority 3111 Electric Avenue Port Huron, MI 48060

If you have any questions, please call Kathleen Gallagher, Program Director, at (810) 966-7857.

COMMITTEE MEETING FOLLOW-UP REPORT

This form must be completed within one (1) week following the conference/workshop attended.

| <u>SECTION I</u> | |
|--|-------|
| Name: | Date: |
| Name of Meeting: | |
| | |
| Date(s) Attended: | |
| SECTION II | |
| | |
| Write a brief synopsis of the content of the meeting: | |
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| Important points for SCCCMHA Administration to know regarding this meeting | ıg: |
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| Note: Form must be submitted prior to payment disbursement. | |

cc: Chief Executive Officer