

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	<b>General Management</b>		
<b>Title:</b>	<b>Policy and Procedure Development</b>		
<b>Policy:</b> <input type="checkbox"/> <b>Procedure:</b> <input checked="" type="checkbox"/> <b>Page:</b> 1 of 4	<b>Review Cycle:</b> Biennial  <b>Author:</b> Deputy Director	<b>Adopted Date:</b> 11.26.2014  <b>Review Date:</b> 09.10.2024	<b>Related Policies:</b> Policy and Procedure Development Consent Agenda

DO NOT WRITE IN SHADED AREA ABOVE

**Purpose**

The MSHN Board makes an important distinction between *Board Policy* and *Operating Procedures*. Board policies establish the broad parameters within which Board, leadership and staff will operate. Operating Procedures, developed and implemented by the Chief Executive Officer and MSHN staff outline the specifics of how the organization and staff will operate within the Board policy. Each functional area of the Prepaid Inpatient Health Plan (PIHP) must develop and maintain Operating Procedures related to their area of responsibility to ensure that Board Policy is carried out in a standard and uniform manner.

**Procedure**

**Policy and Procedure Development:**

MSHN personnel shall maintain operating procedures for all important organizational processes. Procedures shall be developed and reviewed within a routine approved timeline, not less than biennially. Procedures shall be accessible and shall be communicated to involve personnel and MSHN’s provider network as part of the regular professional development/training and contract management practices. Any changes in procedures shall be consistent with and supportive of associated MSHN policy.

**Policy and Procedure Approval and Review:**

MSHN Policies and Procedures shall be established/reviewed by the responsible MSHN employee; reviewed by the designated councils/committees in the MSHN Organization structure (as appropriate); and vetted by the Board’s Policy Committee (as appropriate) in accordance with the policy and procedure review schedule. Policies are not effective until formal Board action has occurred. After approval and posting to the official website, MSHN policies and procedures are in effect unless a specific date on which they become effective is noted.

- A. Board Policy states that all MSHN Policies will be reviewed on a biennial basis. Following is the process for Policy Review:
  1. The Executive Support Specialist sends the related chapter due for biennial review to the assigned leadership member responsible.
  2. The assigned leader shall review the policies and include recommended edits in tracked changes.
  3. The revised policies are disseminated by the assigned leader to the related councils and committees for an opportunity to review and comment;
  4. The assigned leader gathers all feedback and presents the tracked changes version to the Leadership team for review.
  5. Once all feedback is gathered, the assigned leader submits the policies to the Deputy Director in tracked changes.
  6. The Deputy Director sends the policies Operations Council for a first review via email distribution (2) two weeks prior to the Operations Council meeting with suggested edits via

email response within (1) one week. Note: Substance Use Disorder (SUD) or MSHN only policies are not distributed to Operations Council, move to step 9.

7. An item is placed on the Operations Council agenda to allow discussion or education regarding the policy undergoing review, if there are substantive edits recommended by members of the Operations Council. Revisions are made based on consensus. The MSHN CEO shall have the final authority over matters of disagreement;
  8. When there is agreement of all members of the Operations Council, the final product shall be scheduled for review by the Board Policy Committee;
  9. The Policy Committee typically conducts policy review virtually with a first reading to obtain recommended changes and edits;
  10. Following the Policy Committee's first reading, policies are placed on the Policy Committee agenda for final review and approval.
  11. Following the Policy Committee's approval, policies are placed on the Consent Agenda for Routine Board meetings and shall be acted on in accordance with the Consent Agenda Policy;
  12. Following Board approval of the Policy, the Executive Support Specialist will document the date of policy approval or review, disseminate the final Policy to the Operations Council, and will facilitate upload to the MSHN website;
  13. The Executive Support Specialist or Deputy Director will notify MSHN employees, Operations Council and SUD Providers (via constant contact) of new or newly revised policies.
- B. Following is the process for MSHN's Procedure Review:
1. The Executive Support Specialist sends the related chapter due for biennial review to the assigned leadership member responsible .
  2. The assigned leader shall review the procedures and include recommended edits in tracked changes.
  3. The revised procedures are disseminated to consulting committees and councils as determined appropriate by the assigned leader;
  4. The assigned leader gathers all feedback and presents the tracked changes version to the Leadership team for review.
  5. Once all feedback is gathered, the assigned leader submits the procedures to the Deputy Director in tracked changes.
  6. The Deputy Director sends the procedures to Operations Council for a first review of the revised procedures via email distribution (2) two weeks prior to the Operations Council meeting with suggested edits via email response within (1) one week. Note: SUD or MSHN only procedures are not distributed to Operations Council, move to step 9.
  7. The Operations Council shall have an opportunity to review and comment on procedures that are relevant to the work of the region.
  8. An item is placed on the Operations Council agenda to allow discussion or education regarding the procedure undergoing review, if there are substantive edits recommended by members of the Operations Council. Revisions are made on a consensus. The MSHN CEO shall have the final authority over matters of disagreement;

9. When there is agreement of all members of the Operations Council and/or MSHN CEO, the final procedure will be forwarded to the Executive Support Specialist, who will post on the MSHN website;
10. The Deputy Director or Executive Support Specialist will notify MSHN employees, Operations Council and SUD Providers (via constant contact) of new or newly revised procedures.

The MSHN Staff member responsible for the focus of a specific policy and/or procedure shall be responsible to inform his/her staff members of pertinent changes in MSHN policy or procedure.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN CMHSP Participants:  Policy Only     Policy and Procedure
  - Other: Sub-contract Providers

**Definitions:**

CEO: Chief Executive Officer  
CMHSP: Community Mental Health Service Programs  
MSHN: Mid-State Health Network  
SUD: Substance Use Disorder

**Other Related Materials:**

General Management: Policy and Procedure Development and Approval Policy  
 Policy and Procedure Review Schedule

**References/Legal Authority:**

N/A

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11.26.2014	New Procedure	Executive Assistant
03.2015	Annual Review – revisions made	Executive Assistant
04.07.2015	Board Approved as Amended	Chief Executive Officer
01.26.2018	Annual Review	Deputy Director
01.29.2019	Annual Review	Deputy Director
07.18.2019	Change in Procedure Review	Deputy Director
06.24.2022	Biennial Review	Deputy Director
12.05.2023	Updated Review Chart	Deputy Director
07.01.2024	Biennial Review	Deputy Director

## MSHN Policy and Procedure Renewal by Department

Review Schedule	January	February	March	April	May	June	July	August	September	October	November	December
<b>Board of Directors (Executive) 2024</b>	NO BOARD POLICY REVIEW		Provider Network		Utilization Mgmt.		Customer Service		General Mgmt.		Service Delivery System	
<b>2025</b>	NO BOARD POLICY REVIEW		Quality		Finance		Human Resources		Information Technology		Compliance	
<b>Policy Committee (Deputy Director) 2024</b>		Provider Network		Utilization Mgmt.		Customer Service		General Mgmt.		Service Delivery System		NO POLICY COMMITTEE MEETING
<b>2025</b>		Quality		Finance		Human Resources		Information Technology		Compliance		NO POLICY COMMITTEE MEETING
<b>Operations Council (Deputy Director) 2024</b>	Provider Network		Utilization Mgmt.		Customer Service		General Mgmt.		Service Delivery System		NO OPS POLICY REVIEW	
<b>2025</b>	Quality		Finance		Human Resources		Information Technology		Compliance		NO OPS POLICY REVIEW	
<b>Lead Council Committee (Leadership) 2024</b>		Utilization Mgmt.		Customer Service		General Mgmt.		Service Delivery System		NO COUNCIL POLICY REVIEW		Quality
<b>2025</b>		Finance		Human Resources		Information Technology		Compliance		NO COUNCIL POLICY REVIEW		Provider Network