

Mid-State Health Network

Board of Directors Meeting ~ July 11, 2023 ~ 5:00 p.m.

Board Meeting Agenda

Comfort Inn & Suites and Conference Center
2424 S. Mission St.
Mt. Pleasant, MI 48858

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS MEETING VIA TELECONFERENCE
Teleconference: (Call) 1.312.626.6799; Meeting ID: 3797965720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda
Motion to Approve the Agenda of the July 11, 2023 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. **BOARD DEVELOPMENT:** Dual Eligible Special Needs Plans (D-SNPs) (Dave Schneider; Health Management Associates)
 - *Handouts Available at Meeting*
6. Chief Executive Officer's Report (Page 6)
7. Deputy Director's Report (Page 19)
8. Chief Financial Officer's Report

Financial Statements Review for Period Ended May 31, 2023 (Page 22)
ACTION ITEM: Receive and File the Preliminary Statement of Net Position and Statement of Activities for the Period ended May 31, 2023, as presented
9. **ACTION ITEM:** Contracts for Consideration/Approval (Page 31)

The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2023 Contracts, as Presented on the FY 2023 Contract Listing
10. Executive Committee Report
11. Chairperson's Report
12. Nominating Committee Report
13. **ACTION ITEM:** Consent Agenda
Motion to Approve the documents on the Consent Agenda
 - 13.1 Approval Board Meeting Minutes 05/09/23 (Page 35)
 - 13.2 Receive Board Executive Committee Minutes 05/19/23 (Page 40) and 06/16/23 (Page 41)
 - 13.3 Receive Policy Committee Minutes 06/06/23 (Page 43)



OUR MISSION:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

OUR VISION:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

Board of Directors Meeting Materials:

Click [HERE](#) or visit MSHN's website at: <https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/fy2023-meetings>

Upcoming FY23 Board Meetings (Tentative until Board Approval)

Board Meetings convene at 5:00pm unless otherwise noted

July 11, 2023

Comfort Inn & Suites and Conference Center
2424 S. Mission St
Mt. Pleasant, MI 48858

September 12, 2023

Best Western Okemos/East Lansing Hotel & Suites
2209 University Park Drive
Okemos, MI 48864

Policies and Procedures

Click [HERE](#) or Visit <https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

- 13.4 Receive Nominating Committee Minutes 06/13/23 (*Page 45*)
- 13.5 Receive Operations Council Key Decisions 05/15/23 (*Page 46*) and 06/12/23 (*Page 49*)
- 13.6 Approve the following policies:
 - 13.6.1 Travel (*Page 52*)
 - 13.6.2 Procurement (*Page 55*)
 - 13.6.3 Employee Compensation (*Page 59*)
 - 13.6.4 Performance Evaluation (*Page 61*)
 - 13.6.5 Personnel Manual (*Page 62*)
 - 13.6.6 Position Management (*Page 86*)
 - 13.6.7 Public Health Emergency Notice (*Page 88*)
 - 13.6.8 Reimbursement Policy for Credentials, Licensure and Memberships (*Page 90*)
 - 13.6.9 Separation Policy (*Page 92*)
 - 13.6.10 Succession Planning (*Page 94*)
- 14. Other Business
- 15. Public Comment (3 minutes per speaker)
- 16. Adjourn

FY23 MSHN Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	Appointing CMHSP	Term Expiration
Bohner	Brad	bbohner@tds.net		517.294.0009		LifeWays	2025
Brehler	Joe	jbrehler@sprynet.com		517.882.7491	517.230.5911	CEI	2025
DeLaat	Ken	kend@nearnorthnow.com		231.414.4173		Newaygo County MH	2026
Griesing	David	davidgriesing@yahoo.com		989.823.2687		TBHS	2024
Grimshaw	Dan	midstatetitlesvcs@mstsinc.com		989.823.3391	989.823.2653	TBHS	2026
Hicks	Tina	tmhicksmshn64@gmail.com		989.576.4169		GIHN	2024
Johansen	John	j.m.johansen6@gmail.com		616.754.5375	616.835.5118	MCN	2024
Ladd	Jeanne	stixladd@hotmail.com		989.634.5691		Shia Health & Wellness	2024
McFarland	Pat	pjmcfarland52@gmail.com		989.225.2961		BABHA	2026
McPeck-McFadden	Deb	deb2mcmail@yahoo.com		616.794.0752	616.343.9096	The Right Door	2024
Moore	Phillip	phillipmoore@outlook.com		989.763.2866		Shia Health & Wellness	2024
Nyland	Gretchen	gretchen7080@gmail.com		616.761.3572		The Right Door	2025
O'Boyle	Irene	irene.oboyle@cmich.edu		989.763.2880		GIHN	2026
Pawlak	Bob	bopav@aol.com		989.233.7320		BABHA	2025
Peasley	Kurt	peasleyhardware@gmail.com		989.560.7402	989.268.5202	MCN	2024
Phillips	Joe	joe44phillips@hotmail.com		989.386.9866	989.329.1928	CMH for Central	2026
Raquepaw	Tracey	tl.raquepaw@icloud.com	raquepaw@michigan.gov	989.737.0971		Saginaw County CMH	2025
Scanlon	Kerin	kscanlon@tm.net		502.594.2325		CMH for Central	2025
Swartzendruber	Richard	rswartzn@gmail.com		989.269.2928	989.315.1739	HBH	2026
Twing	Susan	set352@hotmail.com		231.335.9590		Newaygo County MH	2025
Vacant	Vacant					CEI	2025
Williams	Joanie	jkwms1@gmail.com		989.860.6230		Saginaw County CMH	2026
Wiltse	Beverly	bevwtlse@gmail.com		989.326.1052		HBH	2026
Woods	Ed	ejw1755@yahoo.com		517.392.8457		LifeWays	2024

ACRONYMS – Following is a list of commonly used acronyms you may read or hear referenced in a MSHN Board Meeting:

ACA: Affordable Care Act	CON: Certificate of Need (Commission) – State	HB: House Bill
ACT: Assertive Community Treatment	CPA: Certified Public Accountant	HCBS: Home and Community Based Services
ARPA: American Rescue Plan Act (COVID-Related)	CQS: – Comprehensive Quality Strategy	HIPAA: Health Insurance Portability and Accountability Act
ASAM: American Society of Addiction Medicine	CRU: Crisis Residential Unit	HITECH: Health Information Technology for Economic and Clinical Health Act
ASAM CONTINUUM: Standardized assessment for adults with SUD needs	CS: Customer Service	HMP: Healthy Michigan Program
ASD: Autism Spectrum Disorder	CSAP: Center for Substance Abuse Prevention (federal agency/SAMHSA)	HMO: Health Maintenance Organization
BBA: Balanced Budget Act	CSAT: Center for Substance Abuse Treatment (federal agency/SAMHSA)	HRA: Hospital Rate Adjuster
BH: Behavioral Health	CW: Children’s Waiver	HSAG: Health Services Advisory Group (contracted by state to conduct External Quality Review)
BHH: Behavioral Health Home	DAB: Disabled and Blind	HSW: Habilitation Supports Waiver
BPHASA – Behavioral and Physical Health and Aging Services Administration	DEA: Drug Enforcement Agency	ICD-10: International Classification of Diseases – 10 th Edition
BH-TEDS: Behavioral Health – Treatment Episode Data Set	DMC: Delegated Managed Care (site visits/reviews)	ICO: Integrated Care Organization (a health plan contracted under the Medicaid/Medicare Dual eligible pilot project)
CC360: CareConnect 360	DRM: Disability Rights Michigan	I/DD: Intellectual/Developmental Disabilities
CCBHC: Certified Community Behavioral Health Center	DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5 th Edition	IDDT: Integrated Dual Diagnosis Treatment
CAC: Certified Addictions Counselor Consumer Advisory Council	EBP: Evidence-Based Practices	IOP: Intensive Outpatient Treatment
CEO: Chief Executive Officer	EEO: Equal Employment Opportunity	ISF: Internal Service Fund
CFO: Chief Financial Officer	EMDR: Eye Movement & Desensitization Reprocessing therapy	IT/IS: Information Technology/Information Systems
CIO: Chief Information Officer	EPSDT: Early and Periodic Screening, Diagnosis and Treatment	KPI: Key Performance Indicator
CCO: Chief Compliance Officer Chief Clinical Officer	EQI: Encounter Quality Initiative	LBSW: Licensed Baccalaureate Social Worker
CFR: Code of Federal Regulations	EQR: External Quality Review (federally mandated review of PIHPs to ensure compliance with BBA standards)	LEP: Limited English Proficiency
CFAP: Conflict Free Access and Planning (Replacing CFCM)	FC: Finance Council	LLMSW: Limited Licensed Masters Social Worker
CFCM: Conflict Free Case Management	FI: Fiscal Intermediary	LMSW: Licensed Masters Social Worker
CLS: Community Living Services	FOIA: Freedom of Information Act	LLPC: Limited Licensed Professional Counselor
CMH or CMHSP: Community Mental Health Service Program	FSR: Financial Status Report	LPC: Licensed Professional Counselor
CMHA: Community Mental Health Authority	FTE: Full-time Equivalent	LOCUS: Level of Care Utilization System
CMHAM: Community Mental Health Association of Michigan	FQHC: Federally Qualified Health Centers	LTSS: Long Term Supports and Services
CMS: Centers for Medicare and Medicaid Services (federal)	FY: Fiscal Year (for MDHHS/CMHSP runs from October 1 through September 30)	MAHP: Michigan Association of Health Plans (Trade association for Michigan Medicaid Health Plans)
COC: Continuum of Care	GAIN: Global Appraisal of Individual Needs assessment for adolescents with SUD needs.	MAT: Medication Assisted Treatment (see MOUD)
COD: Co-occurring Disorder	GF/GP: General Fund/General Purpose (state funding)	MCBAP: Michigan Certification Board for Addiction Professionals

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MCO: Managed Care Organization	OTP: Opioid Treatment Provider (formerly methadone clinic)	RR: Recipient Rights
MDHHS: Michigan Department of Health and Human Services	PA: Public Act	RRA: Recipient Rights Advisor
MDOC: Michigan Department of Corrections	PA2: Liquor Tax act (funding source for some MSHN funded services)	RRO: Recipient Rights Office/Recipient Rights Officer
MEV: Medicaid Event Verification	PAC: Political Action Committee	SAMHSA: Substance Abuse and Mental Health Services Administration (federal)
MHP: Medicaid Health Plan	PASARR: Pre-Admission Screening and Resident Review	SAPT: Substance Abuse Prevention and Treatment (when it includes an “R”, means “Recovery”)
MI: Mental Illness Motivational Interviewing	PCP: Person-Centered Planning Primary Care Physician	SARF: Screening, Assessment, Referral and Follow-up
MiHIA: Michigan Health Improvement Alliance	PEP: Performance Enhancement Plan	SCA: Standard Cost Allocation
MiHIN: Michigan Health Information Network	PFS: Partnership for Success	SDA: State Disability Assistance
MLR: Medical Loss Ratio	PEO: Professional Employer Organization	SED: Serious Emotional Disturbance
MMBPIS: Michigan Mission Based Performance Indicator System	PEPM: Per Eligible Per Month (Medicaid funding formula)	SB: Senate Bill
MOUD: Medication for Opioid Use Disorder (a sub-set of MAT)	PI: Performance Indicator	SIM: State Innovation Model
MP&A (MPAS): Michigan Protection and Advocacy Service	PIP: Performance Improvement Project	SIS: Supports Intensity Scale
MPCA: Michigan Primary Care Association (Trade association for FQHC’s)	PIHP: Prepaid Inpatient Health Plan	SMI: Serious Mental Illness
MPHI: Michigan Public Health Institute	PMV: Performance Measure Validation	SPMI: Severe & Persistent Mental Illness
MRS: Michigan Rehabilitation Services	PN: Prevention Network	SSDI: Social Security Disability Insurance
NACBHDD: National Association of County Behavioral Health and Developmental Disabilities Directors	Project ASSERT: Alcohol and Substance abuse Services and Educating providers to Refer patients to Treatment	SSI: Supplemental Security Income (Social Security)
NAMI: National Association of Mental Illness	PS: Protective Services	SSN: Social Security Number
NASMHPD: National Association of State Mental Health Program Directors	PTSD: Post-Traumatic Stress Disorder	SUD: Substance Use Disorder
NCQA: National Committee for Quality Assurance	QAPIP: Quality Assessment and Performance Improvement Program	SUD OPB: Substance Use Disorder Regional Oversight Policy Board
NCMW: National Council for Mental Wellbeing	QAPI: - Quality Assessment Performance Improvement	SUGE: Bureau of Substance Use, Gambling and Epidemiology
NMRE: Northern Michigan Regional Entity (PIHP Region 2)	QHP: Qualified Health Plan	TANF: Temporary Assistance to Needy Families
OC: Operations Council	QM/QA/QI: Quality Management/Assurance/Improvement	UR/UM: Utilization Review or Utilization Management
OHCA: Organized Health Care Arrangement	QRT: Quick Response Team	VA: Veterans Administration
OIG: Office of Inspector General	RCAC: Regional Consumer Advisory Council	WM: Withdrawal Management (formerly “detox”)
OMT: Opioid Maintenance Treatment - Methadone	REMI: MSHN’s Regional Electronic Medical Information software	WSA: Waiver Support Application
OP: Outpatient	RES: Residential Treatment Services	YTD: Year to Date
	RFI: Request for Information	ZTS: Zenith Technology Systems (MSHN Analytics and Risk Management Software)
	RFP: Request for Proposal	
	RFQ: Request for Quote	

**REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
May/June 2023**

**Community Mental Health
Member Authorities**

- Bay Arenac Behavioral Health
-
- CMH of Clinton.Eaton.Ingham Counties
-
- CMH for Central Michigan
-
- Gratiot Integrated Health Network
-
- Huron Behavioral Health
-
- The Right Door for Hope, Recovery and Wellness (Ionia County)
-
- LifeWays CMH
-
- Montcalm Care Center
-
- Newaygo County Mental Health Center
-
- Saginaw County CMH
-
- Shiawassee Health and Wellness
-
- Tuscola Behavioral Health Systems

PIHP/REGIONAL MATTERS

1. MSHN Board Resolution on Conflict Free Access and Planning

The Mid-State Health Network Board of Directors adopted a resolution opposing the four [currently developed models of Conflict Free Access and Planning](#) (CFAP). The board’s resolution was distributed to all members of the CFAP Workgroup, MDHHS Executive Leadership and MDHHS Leaders involved in the CFAP decision-making process, and the Office of Governor Whitmer. No responses were expected and none have been received, to date. Please note that many PIHPs and CMHSPs across the state have adopted similar resolutions and distributed them. The currently developed models continue to be studied by the CFAP Workgroup. None have been withdrawn or modified, to date.

2. MSHN Equity Upstream Series Recognition:

Under the leadership of MSHN Chief Clinical Officer Dani Meier, Mid-State Health Network hosted a series of four “Equity Upstream” lectures by nationally renowned figures. These two hour events are available for viewing at the convenience of the reader at the following links. These lectures are VERY informative.

- Dr. Camara Jones, “[When Systems Damage People: Anti-Racism Lessons for Battling the Opioid Epidemic](#)”
- Dr. Haner Hernandez, “[Building Health Equity: A Social Justice Approach to the Opioid Epidemic in Hispanic Communities](#)”
- Dr. Donald Warne, “[Culturally Based Approaches to Addiction and Recovery in Indigenous Communities](#)”
- Dr. Larke Huang, “[Racial & Ethnic Disparities in the Opioid Crisis: A Perspective from SAMHSA’s Office of Behavioral Health Equity.](#)”

Feedback from the hundreds of participants has been overwhelmingly positive. Of particular note, MDHHS (at the Improving Outcomes Conference) commended MSHN’s presentation of this lecture series and Dr. Lark Huang, Director of the Office of Behavioral Health Equity at SAMHSA, stated that she hopes and will work toward showcasing what MSHN has done with not only these lectures but also with the learning community as a national action model. We will be sure to keep the readers of this report updated on the action phase of this work – which is the learning collaborative that is now launching.

Please join me in congratulating and thanking Dr. Dani Meier for his leadership and attention to detail in presenting these informative and engaging events!

FY 2022 Board Officers

- Ed Woods
Chairperson
- Irene O’Boyle
Vice-Chairperson
- Kurt Peasley
Secretary

3. **24th Annual Substance Use and Co-Occurring Disorder Hybrid Conference:**

The annual SUD Conference will take place in a hybrid format at the Lansing Center, 333 E. Michigan Avenue, Lansing, on Monday and Tuesday, September 11 and 12. A detailed agenda is not yet available. Mid-State Health Network will sponsor attendance by any board member at this local event. MSHN will cover registration, travel, lodging (if needed), non-included meals and other costs of participation. MSHN will distribute a detailed agenda when it is published to all board members with a reminder of this sponsorship opportunity. To express your interest in attending, please send a note to Sherry Kletke or to me by August 25, 2023.

4. **MSHN Office:**

In the spring of 2022, MSHN implemented its Post-Pandemic Operations Plan. As I informed the Board previously, the Post-Pandemic Operations Plan designates a continuing remote office arrangement for almost all MSHN staff, workforce support being conducted by one employee (Sherry Kletke) based at the current MSHN office, and on-site staff meetings/development/trainings at specified frequencies. Of note, employees on-site for staff meetings are required to spend the day on site collaborating with colleagues unless other MSHN business takes precedence.

Last summer, MSHN Administration renegotiated our lease with the Michigan Optometric Association (MOA) which was board approved in July 2022. The lease:

- Reduced the rent for the two upper suites in the building by half with a termination date of 09/30/2023;
 - Combined 2,553 Square Feet @ \$7.00/sf = \$17,871 Annual (\$1,489/month)
- Maintained the rent on the two lower-level suites at the established rate, with a termination date of 09/30/2025.
 - Combined 2,280 Square Feet @ \$14.25/sf = \$40,185 Annual (\$3,349/month)

These actions were taken so that MSHN Administration could evaluate space utilization under the newly implemented Post-Pandemic Operations Plan. MSHN currently has 49 employees.

Except for the employee stationed in our main office, in-office space utilization has almost exclusively been limited to in-person team/staff meetings. Provider meetings, stakeholder meetings and many other types of collaborations take place at provider sites/settings or stakeholder-hosted sites.

I have initiated review of several elements associated with our use of space, and I have begun a conversation with our landlord about these matters. At this time, I will not be recommending Board approval of an extension on the expiring lease associated with two of the four MSHN occupied suites.

There are many factors to consider, including MDHHS decisions on Conflict Free Access and Planning and the Medicaid Health Plan rebid that could directly affect PIHP operations, staffing, space requirements, etc. I think it is clear on its face that our current use of office space does not justify the annual costs. I intend to work with our agency's leadership team and bring further information to a future board meeting.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

5. COVID Un-Wind Update:

The Department of Health and Human Services announced on 06/22/23 it will not disqualify anyone from Medicaid coverage for not returning necessary paperwork through the end of July.

Renewal forms are due June 30, but the federal Centers for Medicare and Medicaid Services issued guidance that allows DHHS and other state agencies to extend coverage until the end of July.

The federal government required states to continue health care coverage for all medical assistance programs regardless of eligibility status during the COVID-19 pandemic. DHHS estimates that currently 3 million residents, including 1 million Healthy Michigan Plan beneficiaries, were able to keep their coverage without redeterminations on eligibility.

DHHS encourages those to return renewable paperwork even if they believe they are no longer eligible for Medicaid. In its release, DHHS said children may still be eligible for MICHild even if their parents are no longer eligible for Medicaid.

"We want to be sure that as many Michiganders as possible can continue to receive Medicaid coverage so that they can keep their families healthy," DHHS [Director Elizabeth Hertel](#) said in a statement. "We are pleased that our federal partners are giving us the option to delay any cancellation of coverage until the end of July so that we have more time to reach out to Medicaid beneficiaries who were required to return their renewal documents but have not yet done so. However, we are still emphasizing that anyone who has not returned June renewal forms should do so by the end of this month rather than waiting until July."

For those who no longer qualify, DHHS said it is working with the Department of Insurance and Financial Services to help residents know other health care options, with DHHS saying some options can be purchased for less than \$10 per month.

6. Director of the Bureau of Specialty Behavioral Health Services:

On May 16, Jeffery L. Wieferich announced his promotion to Senior Executive of the State Psychiatric Hospitals and Centers, effective July 11, 2023. Jeff has been active in and has contributed much to CMHSP, PIHP and SUD operations for a long time and will be missed. We welcome Jeff in his new role in the State Hospital Administration.

7. Michigan announces Additional Opioid-Related Settlement with Walgreens:

(June 12 Press Release of Attorney General Dana Nessel): [Attorney General Dana Nessel](#) on Monday announced that Michigan would benefit from a \$338 million settlement with Walgreens for their role in the opioid epidemic, which could see the state net around \$200 million over the next 15 years.

By participating in the National Settlement, eligible local governments will have an opportunity to participate in this portion of the settlement and receive direct payments. Along with the Walgreens National Opioid Settlement, Michigan will receive an additional \$138 million more over 18 years.

"The opioid epidemic was born, in part, out of a concert of action by many large corporations who reaped incredible profits as a result," Nessel said in a statement. "It is rewarding to both hold them accountable and secure much needed funding for the continued suffering of those with opioid-use disorder."

A copy of the [agreement](#) shows that it was signed by the state and Walgreens on May 25.

The Department of Attorney General also shared Department of Health and Human Services data that shows 2,532 Michiganders died of a drug overdose from January to November 2022, an average of eight Michigan residents each day.

Nessel made the announcement in a video shared on YouTube. Here is the link: <https://youtu.be/Uv8ltJK76xk>

8. Child/Adolescent Needs and Strengths:

Michigan will be launching a statewide initiative to replace the CAFAS (Child and Adolescent Functional Assessment Scale) with the Michigan-specific, but nationally standardized, MichiCANS (Michigan [Child and Adolescent Needs and Strengths](#)) instrument. The official launch is planned for October 2024, but there will be a "soft launch" this winter. MSHN and our regional partner Community Mental Health for Central Michigan have been selected to participate in this soft launch. The purpose of this phase is to inform the statewide rollout. We appreciate CMH for Central Michigan volunteering for this effort.

9. Governor Whitmer Makes PIHP Regional Appointments to the Opioids Task Force:

Michigan Opioids Task Force (Press Release, 06/16/23)

Mr. Greg Toutant, of Negaunee, is executive director at Great Lakes Recovery Centers, Inc. Toutant is member of the Community Mental Health Association of Michigan (CMHA) Provider Alliance and co-chair of the Substance Use Disorder Committee of the Provider Alliance. He holds a Bachelor of Science in History from Northern Michigan University, and Master of Education-Counseling from the University of Wisconsin. Mr. Toutant is appointed to represent PIHP region 1, for a term commencing June 15, 2023, and expiring June 14, 2025.

Ms. Sue Winter, of Ellsworth, is executive director of Northern Michigan Substance Abuse Services, Inc. She holds a B.S., in Biology and Secondary Education from Northern Michigan University and a Master of Science in Social Work from Michigan State University. Ms. Winter is appointed to represent PIHP region 2, for a term commencing June 15, 2023, and expiring June 14, 2026.

Mr. Stephen Alsum, of Grand Rapids, is executive director of The Grand Rapids Red Project. Alsum is a member of the Michigan Drug Users Health Alliance. He holds a Bachelor of Science in Mathematics from Grand Valley State University. Mr. Alsum is appointed to represent PIHP region 3, for a term commencing June 15, 2023, and expiring June 14, 2027.

Mr. Bradley Casemore, of Battle Creek, is the chief executive officer of Southwest Michigan Behavioral Health. Casemore is a fellow of the American College of Healthcare Executives and currently serves on the Opioid Advisory Commission. He holds three degrees from the University of Michigan: a Bachelor of Arts in

Psychology and Sociology, a Master of Social Work in Administration, and a Master of Health Services Administration. Mr. Casemore is appointed to represent PIHP region 4, for a term commencing June 15, 2023, and expiring June 14, 2024.

Mr. Sam Price, of Midland, is the president of Ten16 Recovery Network. Price is on the Provider Alliance Board of Directors for the Community Mental Health Association of Michigan. He holds a Bachelor of Science in Business Administration from Central Michigan University, a Master of Arts in Religion from Asbury Technological Seminary, and a Master of Arts, in Human Ecology, Family Therapy from Michigan State University. Mr. Price is appointed to represent PIHP region 5, for a term commencing June 15, 2023, and expiring June 14, 2025.

Ms. Amanda Scott, of Ypsilanti, is director of prevention programs at the Detroit Recovery Project. She holds a Bachelor of Science in Psychology and Biology from Eastern Michigan University, and a Master of Public Health from Wayne State University. Ms. Scott is appointed to represent PIHP region 6, for a term commencing June 15, 2023, and expiring June 14, 2027.

Ms. Darlene Owens, of Detroit, is vice president of programs at Detroit Rescue Mission ministries. She holds a Bachelor of Science in Psychology from Wayne State University, and a Master of Business Administration in Health Care Management from the University of Phoenix. Ms. Owens is appointed to represent PIHP region 7, for a term commencing June 15, 2023, and expiring June 14, 2025.

Ms. Kristie Schmiede, of Royal Oak, is the director of Strategic Initiatives at the National Council on Alcoholism and Drug Dependence – Greater Detroit Area. She holds a Bachelor of Science in Clinical-Community Psychology from the University of Michigan-Flint, and a Master of Public Health from University of the Michigan School of Public Health. Ms. Schmiede is appointed to represent PIHP region 8, for a term commencing June 15, 2023, and expiring June 14, 2024.

Ms. Helen Klingert, of Shelby Township, is the director of Substance Use Services at Macomb County Community Mental Health. She is a current board member with the international substance use disorder credentialing organization. She holds a Bachelor of Arts in Psychology from Oakland University and a Master of Science in Clinical Psychology from Eastern Michigan University. Klingert is appointed to represent PIHP region 9, for a term commencing June 15, 2023, and expiring June 14, 2025.

Ms. Kimberly Shewmaker, of Flint, is the director of Program Operations at Flint Odyssey House Inc. She is also a surveyor for the Commission on Accreditation for Rehabilitation Facilities and a member of the Region 10 Substance Use Disorder Oversight Board. Shewmaker is also the current chair of the Michigan Certification Board for Addiction Professionals. She holds a Bachelor of Social Work, from Saginaw Valley State University, and a Master of Social Work from Wayne State University. Ms. Shewmaker is appointed to represent PIHP region 10 for a term commencing June 15, 2023, and expiring June 14, 2027.

10. So-Called “Shirkey” bills reintroduced:

From Gongwer Capital News Service, 05/17/223:

Michigan's lawmakers in the previous legislative session showed an aversion to passing a serious of mental health bills aimed at creating a common strategy to support integrated care delivery systems for statewide mental health services, according to research presented Wednesday by two doctoral nurse practitioner graduates from Michigan State University.

And while policy solutions may be elusive, the effect on patients needing care has been exacerbated by the state's lack of regulatory laws allowing parity in services for mental health or substance abuse disorders similar to services for physical health services.

Those findings and a short overview of bills that might have corrected those issues – but failed to reach the finish line in the last legislative session – were among the highlights of information presented Wednesday at a forum hosted by MSU's Institute for Public Policy and Social Research.

The data and policy analyses presented were conducted as doctoral research projects made possible through Michigan Applied Public Policy Research grants, which are available to faculty during the course of an academic year to parse policy areas of high importance.

May is mental health awareness month, leading IPPSR to elevate research from Kate Anderson, analyzing the state of integrated behavioral health care in Michigan, and Hannah Schang, analyzing potential pathways to mental health parity.

Marianne Huff, president of the Mental Health Association of Michigan, also gave an overview of the bills that died last session and examined some of the reasons why they hit a brick wall in the House and Senate.

Huff focused primarily on mental health integration bills introduced by former Senate Majority Leader Mike Shirkey, SB 597 and SB 598, a House package creating a single statewide prepaid inpatient health plant consisting of HB 4925 through HB 4929, and a set of House mental health parity bills consisting of HB 6137, HB 6138 and HB 6139.

The Shirkey bills died during the lame duck session of 2021, while the other bills failed to make it out of various committees.

Sen. Sarah Anthony (D-Lansing) has made a bid to review the parity legislation that went nowhere previously by way of SB 27, introduced in January, while Rep. Curt VanderWall (R-Ludington) has revived Shirkey's push for mental health integration plans by way of HB 4577, introduced Tuesday.

Both bills have been sent to the Senate Health Policy Committee and the House Health Policy Committee, respectively, but have yet to be the subject of a hearing or testimony.

Anderson's research focused on Shirkey's bills, analyzing the legislation and developing recommendations for the current legislative session should they want to prioritize the policies.

Anderson reported that 1.3 million Michiganders have a behavioral health diagnosis paired with some form of physical health condition, but those with cooccurring mental and physical health issues have an increased health care costs without seeing better outcomes.

She found that half of Medicaid enrollees have unmet needs for their behavioral health conditions, and the program manages 26 percent of all adults with serious mental health illnesses, and about 21 percent of all adults with some degree of a mental health condition.

Coordinating the two concurrently would provide better outcomes, Anderson said, but the state continues to face barriers to integrating these services. Part of that has to do with Michigan's bifurcated health systems, as

physical health for adults who qualify for Medicaid being managed by that program and with behavioral health managed PIHPs.

Schang's research identified financial limitations toward systems that address mental health and substance abuse disorders concurrently, as well as issues like day and visit limits, prior authorization and medical necessity reviews.

Meanwhile, drug overdose deaths across the nation rose by 30 percent in 2021, more than 50 percent of Americans are likely to be diagnosed with a mental disorder in their lifetimes, and more than 38 percent of Michigan adults who reported not receiving mental health care stated cost as the primary reason.

Schang found that states with reporting requirement laws that aligned with federal law and best practices in other states saw the most enforcement when it came to compliance monitoring, standardizing terminology to offer wider parity and collaboration between mental health and substance abuse services.

She suggested that Michigan lawmakers follow suit, introducing reporting requirements laws that could address parity issues using best practices already established by other states and federal law. Schang noted that the new Anthony bill was a non-monitoring parity bill.

Anderson and Schang both suggested targeting legislators who might be willing to champion these goals this legislative session, with Anderson also suggesting nurse leaders paving the way via advocacy and testimony should integration bills resurface under Democratic control of the House and Senate.

Schang similarly suggested meetings with the Department of Insurance and Financial Services to help pave the way for support in its ranks. She also noted that states that made headway on parity through reporting requirements were those that had recent mass shootings within the last three years, and Michigan is now one of those states having been affected by the Oxford High School and MSU campus shootings.

FEDERAL/NATIONAL ACTIVITIES

11. New Resource for General Public – FindSupport.gov:

HHS, through SAMHSA has launched FindSupport.gov, a new user-friendly website, designed for the general public, to help people identify available resources, explore unbiased information about various treatment options, and learn how to reach out to get the support they need for issues related to mental health, drugs, or alcohol. The website helps people navigate through common questions when they are at the start of their journey to better behavioral health, such as how to ask for help, how to help others and how to search for a health care professional or support program that meets their needs. The website provides information on how to find treatment and support based on insurance status, including Medicaid, Medicare, U.S. Department of Veterans Affairs health care, TRICARE, private insurance, and no insurance. And the website features resources on how to set up an appointment so that when people meet with a health care professional, they can feel confident that they are taking the right steps." [Additional information is available at this link.](#)

12. National "988" Resources:

SAMHSA notes that the 988 Lifeline Team has uploaded many new shareables to our 988 Partner Toolkit. Please continue to use the resources in the 988 Partner Toolkit to help engage your communities. For the

month of May, the 988 Lifeline social media shareables focus on youth and adult suicide warning signs, how to be a lifeline, self-care practices, and the reasons and ways to reach out for help.” The [toolkit is available at this link](#).

13. Emerging National Access Standards:

CMS has “released two notices of proposed rulemaking (NPRMs), [Ensuring Access to Medicaid Services \(Access NPRM\)](#) and [Managed Care Access, Finance, and Quality \(Managed Care NPRM\)](#), that together would further strengthen access to and quality of care across Medicaid and the CHIP. If adopted as proposed, the rules would establish historic national standards for access to care regardless of whether that care is provided through managed care plans or directly by states through fee-for-service (FFS). Specifically, they would establish access standards through Medicaid or CHIP managed care plans, as well as transparency for Medicaid payment rates to providers, including hourly rates and compensation for certain home care and other direct care workers. The rules would also establish other access standards for transparency and accountability, and empower beneficiary choice.

Together, the Access NPRM and Managed Care NPRM include new and updated proposed requirements for states and managed care plans that would establish tangible, consistent access standards, and a consistent way to transparently review and assess Medicaid payment rates across states. The rule also proposes standards to allow enrollees to easily compare plans based on quality and access to providers through the state’s website. Other highlights from the proposed rules include:

- Establishing national maximum standards for certain appointment wait times for Medicaid or CHIP managed care enrollees, and stronger state monitoring and reporting requirements related to access and network adequacy for Medicaid or CHIP managed care plans, which now cover the majority of Medicaid or CHIP beneficiaries.
- Requiring states to conduct independent secret shopper surveys of Medicaid or CHIP managed care plans to verify compliance with appointment wait time standards and to identify where provider directories are inaccurate.
- Creating new payment transparency requirements for states by requiring disclosure of provider payment rates in both fee-for-service and managed care, with the goal of greater insight into how Medicaid payment levels affect access to care.
- Establishing additional transparency and interested party engagement requirements for setting Medicaid payment rates for home and community-based services (HCBS), as well as a requirement that at least 80 percent of Medicaid payments for personal care, homemaker, and home health aide services be spent on compensation for direct care workers (as opposed to administrative overhead or profit).
- Creating timeliness-of-access measures for HCBS and strengthening necessary safeguards to ensure beneficiary health and welfare as well as promote health equity.
- Strengthening how states use state Medical Care Advisory Committees, through which stakeholders provide guidance to state Medicaid agencies about health and medical care services, to ensure all states are using these committees optimally to realize a more effective and efficient Medicaid program that is informed by the experiences of Medicaid beneficiaries, their caretakers, and other interested parties.
- Requiring states to conduct enrollee experience surveys in Medicaid managed care annually for each managed care plan to gather input directly from enrollees.

- Establishing a framework for states to implement a Medicaid or CHIP quality rating system, a “one-stop-shop” for enrollees to compare Medicaid or CHIP managed care plans based on quality of care, access to providers, covered benefits and drugs, cost, and other plan performance indicators.”

14. **Medicaid Work Requirements:**

The Kaiser Family Foundation has published the results of its research entitled [Understanding the Intersection of Medicaid & Work: A Look at What the Data Say](#). “While data show that the majority of Medicaid enrollees are working, there has been long-standing debate about imposing work requirements in Medicaid. Work requirements are now back on the agenda as some Congressional Republicans have indicated that they will rely on a budget outline that would require Medicaid enrollees to work, or look for work, in order to receive coverage.

- Experience in Arkansas and earlier attempts of implementing work requirements nationally suggest that many could lose coverage due primarily with barriers in meeting work reporting requirements.
- An analysis from the Congressional Budget Office (CBO) found that a national Medicaid work requirement would result in 2.2 million adults losing Medicaid coverage per year (and subsequently experiencing increases in medical expenses), and lead to only a very small increase in employment. CBO estimates that this policy would decrease federal spending by \$15 billion annually due to the reduction in enrollment. New attention on work and reporting requirements come as millions are at risk of losing coverage due to administrative barriers as states resume routine renewals and disenrollments with the unwinding of the Medicaid continuous enrollment provision.
- These data show that most Medicaid covered adults were either working or faced a barrier to work, leaving just nine percent of enrollees who could be directly targeted by work requirement policies.

To provide context to these debates, this brief explores work status and characteristics of Medicaid enrollees in 2021 to answer three key questions:

What is the work status of Medicaid adults?

- *In 2021, most Medicaid adults who did not face a barrier to work were working.* KFF analysis of federal survey data from 2021 reveal that, overall, more than six in ten (61%) nonelderly adults with Medicaid who are not also covered by Medicare and do not qualify for Medicaid as disabled under the Supplemental Security Income (SSI) program (referred to hereafter as “Medicaid adults”) were working full or part-time.
- *Those in better health and with more education are more likely to be working.* Health status is the strongest predictor of work, with people in excellent or very good health twenty-seven percentage points more likely to be working than those in fair or poor health. Education level is also a strong predictor of work.
- *Many Medicaid adults who are not working face barriers to moving into employment, such as functional disability.* Even if they do not qualify for Medicaid on the basis of a disability through SSI, many adults on Medicaid have high rates of functional disability and serious medical conditions, especially among those not working. Approximately 17% of Medicaid adults have a functional disability, with the highest rates of disability among Medicaid adults not in the labor force (27%) (data not shown). Medicaid adults may also experience mental health conditions that impede their ability to work, with about one in three (30%) non-working Medicaid adults reporting depression.¹

What do we know about Medicaid adults who are working?

- *Most Medicaid adults who work are working full-time, but those who work part-time face challenges to full-time employment.* Among Medicaid adults who work, nearly half (48%) worked full-time (at least

35 hours per week) for the entire year (at least 50 weeks). Many Medicaid adults who work part-time (30% of all workers) cited that reasons for working part-time include work limits like shorter work weeks (less than 35 hours per week) (12%), slack work/business conditions (14%), or inability to find full-time work (6%) (Figure 3). Part-time workers also pointed to childcare problems (6%) and other family or personal obligations (19%).

- Adults who work full-time may still be eligible for Medicaid in expansion states because they work low-wage jobs and still meet income eligibility criteria.
- Many Medicaid adults who work are employed by small firms and in industries that have low employer-sponsored insurance (ESI) offer rates. In 2021, nearly five in ten (45%) Medicaid workers were employed in firms with fewer than 50 employees, which are not subject to ACA penalties for not offering affordable health coverage.

What do we know about the intersection of work and health and the impact of work requirements?

- Medicaid can support employment by providing affordable health coverage, and research suggests that the effects of work requirements on health and employment are likely limited.
- Available implementation data suggests that Medicaid work and reporting requirements are confusing to enrollees and result in substantial coverage loss, including among eligible individuals.
- In part due to evidence on the impacts of work requirements, courts and the Biden Administration determined that such requirements do not further Medicaid program objectives.”

15. SAMHSA Recruiting Grant Reviewers:

SAMHSA’s Division of Grant Review “is recruiting reviewers for fiscal year 2023 who have academic qualifications and professional work experience in mental health services, preventing substance misuse, and/or treating substance use disorder.

Reviewer Qualifications

We are recruiting reviewers who meet the 21st Century CURES Act requirements:

- A Medical Degree, Doctoral Degree in Psychology, or an Advanced Degree in Nursing or Social Work.
- An active license related to prevention, diagnosis, treatment, or recovery from mental illness or co-occurring mental illness and substance use disorder.
- Two years of experience working in a substance use disorder and/or mental health field.
- The ability to analyze and evaluate grant applications against published evaluation criteria.
- Clear writing style and adherence to deadlines.

Expectations

- Participate in a mandatory pre-review teleconference to learn about key aspects of the Notice of Funding Opportunity.
- Availability during the review period, which is expected to last approximately two weeks and participate in a follow-up conference call with other reviewers if needed.
- Reviewers will receive \$140 per application reviewed and returned to SAMHSA in the timeline specified for each program.

Please contact DGR at reviewer@samhsa.hhs.gov for more information”

16. US Deaths Due to Alcohol, Drugs and Suicide up 11%:

[A report by the Trust for America's Health](#) "notes that the rate of US deaths due to alcohol, drugs, and suicide climbed 11 percent in 2021 and is entitled *Pain in the Nation 2023: The Epidemics of Alcohol, Drug and Suicide Deaths*. A record 209,225 Americans lost their lives due to alcohol, drugs or suicide last year, and these deaths are part of a two-decade trend of sharply increasing fatalities due to substance misuse and suicide in the U.S. The 2021 data showed such deaths were up across the U.S. population, with the largest increases occurring among certain populations of color as well as people living in the South, West, and rural regions of the country. The report includes recommendations for steps federal, state, and local policymakers should take to begin to reverse the deaths of despair crisis.

- **Invest in Prevention:** Support programs and conditions that promote health, prevent adverse childhood experiences and provide trauma-informed services, prioritize student mental health, and strengthen crisis intervention programs, including the 988 crisis lifeline.
- **Prevent Substance Misuse and Overdose:** Back syringe service programs, increase availability of naloxone and fentanyl test strips, and expand funding for prevention programs for youth through the Drug-Free Communities Support Program.
- **Transform Mental Health and Substance Use Care:** Increase access to mental health and substance use healthcare by fully enforcing the Mental Health Parity and Addiction Equity Act, integrating mental health and substance use treatment with other healthcare services, and expanding culturally and linguistically appropriate care for populations of color and other underserved populations."

Submitted by:



Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 06/27/2023

Attachments:

- MSHN Michigan Legislative Tracking Summary



Compiled and tracked by Sherry Kletke

Below is a list of Legislative Bills MSHN is currently tracking and their status as of June 20, 2023:

BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
HB 4003	ELCRA (Hoskins) Includes sexual orientation and gender identity or expression as categories protected under the Elliott-Larsen civil rights act.	Received in Senate (3/9/2023; To Civil Rights, Judiciary and Public Safety Committee)
HB 4169	Occupational Therapists (Rogers) Enacts occupational therapy licensure compact.	Introduced (3/2/2023; To Health Policy Committee)
HB 4170	Occupational Therapists (Wozniak) Modifies licensure process for occupational therapists to incorporate occupational therapy licensure compact.	Introduced (3/2/2023; To Health Policy Committee)
HB 4201	Liquor Licenses (Grant) Eliminates sunset of carryout sales and delivery of alcoholic liquor by an on-premises licensee.	Received in Senate (5/3/2023; To Regulatory Affairs Committee)
HB 4328	Liquor Licenses (Filler) Allows issuance of liquor licenses to sporting venues on premises of public universities.	Introduced (3/23/2023; To Regulatory Reform Committee)
HB 4495	Medical Services (Snyder) Provides general changes to the medical assistance program.	Committee Hearing in Senate Health Policy Committee (6/20/2023)
HB 4496	Medical Services (Filler) Provides general changes to the medical assistance program.	Committee Hearing in Senate Health Policy Committee (6/20/2023)
HB 4498	Disabilities Discrimination (Bierlein) Requires pre-suit notice of civil actions under the persons with disabilities civil rights act and provides an opportunity to comply.	Introduced (5/2/2023; To Judiciary Committee)
HB 4523	Mental Health Court (Hope) Modifies violent offender eligibility for mental health court.	Reported in House (6/7/2023; H1 sub adopted; By Judiciary Committee)
HB 4524	Drug Treatment Courts (Andrews) Modifies termination procedure for drug treatment courts.	Reported in House (6/7/2023; By Judiciary Committee)
HB 4525	Drug Treatment Court (Filler) Modifies violent offender eligibility for drug treatment court.	Reported in House (6/7/2023; H1 sub adopted; By Judiciary Committee)
HB 4576	Behavioral Health Services (VanderWall) Provides specialty integrated plan for in behavioral health services.	Introduced (5/16/2023; To Health Policy Committee)
HB 4577	Mental Health (VanderWall) Provides updates regarding the transition from	Introduced (5/16/2023; To Health Policy Committee)



BILL #	TITLE/INTRODUCER/DESCRIPTION	STATUS
	specialty prepaid inpatient health plans to specialty integration plans.	
HB 4690	Substance Abuse (Coffia) Modifies notice of a defendant's right to secular substance abuse disorder treatment. Mental Health (BeGole)	Committee Hearing in House Judiciary Committee (6/21/2023)
HB 4745	Expands petition for access to assisted outpatient treatment to additional health providers. Mental Health (Steele)	Introduced (6/14/2023; To Health Policy Committee)
HB 4746	Provides outpatient treatment for misdemeanor offenders with mental health issues. Mental Health (Kuhn)	Introduced (6/14/2023; To Health Policy Committee)
HB 4747	Expands hospital evaluations for assisted outpatient treatment. Mental Health (Tisdell)	Introduced (6/14/2023; To Health Policy Committee)
HB 4748	Allows use of mediation as a first step in dispute resolution. Community Mental Health (Harris)	Introduced (6/14/2023; To Health Policy Committee)
HB 4749	Provides community mental health oversight of competency exams for defendants charged with misdemeanors.	Introduced (6/14/2023; To Health Policy Committee)
HB 4769	Gender Neutral References (Coffia) Makes certain references in the mental health code gender neutral. Open Meetings (Carter, B.)	Introduced (6/15/2023; To Government Operations Committee)
HB 4817	Modifies procedures for electronic meetings of public bodies. Health Insurance (Anthony)	Introduced (6/15/2023; To Local Government and Municipal Finance Committee)
SB 27	Provides equitable coverage for behavioral health and substance use disorder treatment. Mental Health (Anthony)	Committee Hearing in Senate Health Policy Committee (6/13/2023)
SB 28	Expands definition of restraint. Controlled Substances (McCann)	Introduced (1/18/2023; To Health Policy Committee)
SB 133	Creates overdose fatality review act. Liquor Licenses (McMorrow)	Introduced (3/2/2023; To Health Policy Committee)
SB 141	Eliminates carryout sales and delivery of alcoholic liquor by an on-premises licensee sunset. Liquor Licenses (McCann)	Committee Hearing in House Regulatory Reform Committee (6/13/2023)
SB 247	Allows issuance of liquor licenses to sporting venues on premises of public universities.	Committee Hearing in House Regulatory Reform Committee (6/20/2023)

Community Mental Health
Member Authorities

Bay Arenac
Behavioral Health

.

CMH of
Clinton, Eaton, Ingham
Counties

.

CMH for Central Michigan

.

Gratiot Integrated Health
Network

.

Huron Behavioral Health

.

The Right Door for Hope,
Recovery and Wellness (Ionia
County)

.

LifeWays CMH

.

Montcalm Care Center

.

Newaygo County
Mental Health Center

.

Saginaw County CMH

.

Shiawassee Health and
Wellness

.

Tuscola Behavioral
Health Systems

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

REPORT OF THE MSHN DEPUTY DIRECTOR to the Board of Directors May/June

REMINDER – Board Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions DUE

MSHN is contractually responsible for monitoring ownership and control interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN. Therefore, Board of Directors must complete an annual disclosure statement that ensures MSHNs compliance with the contractual and federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions. If Board Members have questions about the disclosures or need assistance completing the electronic form, please feel free to reach out to Sherry or myself.

Policy Updates

Included in the Board packet is the recommendation of the Board's Policy Committee review of the biennial changes to the Human Resources Policies. Of particular note, MSHN has included new elements related to Diversity, Equity and Inclusion (DEI) for the Statement of Purpose and Values that has been supported by the Board of Directors, Leadership Team and our internal Inclusion, Diversity, Equity, and Accessibility (IDEA) workgroup. In continuing our commitment to DEI, MSHN also included new accommodations for religious beliefs, added the federal recognized holiday for Juneteenth, along with the ability to swap up to two MSHN recognized holidays with personal holidays of the employees choosing.

In addition, as a follow up to the May Board discussion regarding the Travel Policy, MSHN included the edits as recommended by the Board of Directors and supported by the Policy Committee. We appreciate the Boards discussion and feedback and anticipate the board will find the new edits acceptable and aligned with their direction.

Network Adequacy Assessment (NAA) Addendum – FY22

During FY23, MSHN did not complete a full network adequacy assessment as MDHHS indicated a Network Adequacy Certification Template would be required for submission. MDHHS wasn't able to develop the template in time prior to the submission and indicated the current PIHP process was acceptable. Therefore, MSHN worked with the CMHSPs to include an addendum to the NAA. The addendum included updates from the MDHHS memo requesting supplemental data to MSHN's Network Adequacy Assessment. The memo cited two areas for the MSHN region to include and determined sufficient adequacy: 1) An Independent CMHSP Network Analysis and 2) An ASAM LOC Network Analysis. MSHN worked with the CMHSPs to update the network services available within their catchment area and found the network to be in compliance with the availability of services as allowed in Medicaid Provider Manual.

In regards the ASAM Analysis, MSHN finds several areas for children's SUD services deficient and has been working with other PIHPs and the State to increase SUD service availability for children. In addition to specific NAA standards, MSHN and or CMHSP partners recognize areas in our network that could be improved and strengthened as identified by the FY23 Recommendations below.

- CMHSP Network Capacity will continue to be monitored and updated based on the FY23 projected increase in inpatient, crisis and residential services.
- MSHN will conduct geomapping and time/distance standards analysis effective October 2023 to ensure inclusion in the FY23 Network Adequacy Assessment.
- MSHN will continue to support and expand CCBHC, OHH and BHH in-region.
- MSHN will continue efforts to develop adolescent services for ASAM levels of care for residential 3.1 and 3.7, as well as 3.2 withdrawal management.
- MSHN will evaluate cultural competency requests and support development in provider capacity as needed.
- MSHN will evaluate priority populations (pregnant, injecting drug users, etc.) tracking reports to determine sufficient capacity to be in compliance with timeliness indicators.

The full Network Adequacy Assessment Report, including attachments is available at the link below **NAA 2022 Addendum**.

Universal Credentialing Update and Semi-Annual Report – FY23

Public Act 282 of 2020 required MDHHS to create a Universal Credentialing program to establish, maintain, and revise, as necessary, a uniform CMH services credentialing program. This program is intended to create uniformity in the state to streamline providing community mental health services and to enhance workforce development, training education, and service delivery. The Universal Credentialing program must adhere to national standards from accrediting bodies that have been approved by the department and comply with the national certification standards for community mental health counselors and professionals.

MDHHS created a work group to develop and test the universal credentialing system. The workgroup membership includes 11 agencies, of which MSHN and Bay-Arena Behavioral Health participate from our region. The development of the system in the CRM under MDHHS was deployed in February. The workgroup members have received training and continue to test the functions. MSHN staff are working with Ten16, as an SUD provider, to test the application, submission, verifications and approval process. Due to feedback in testing, the individual credentialing system is on hold currently and only the organizational credentialing is required. After the testing phase is completed, MDHHS expects to roll the system out to all providers along with providing sufficient training opportunities prior to the required implementation date.

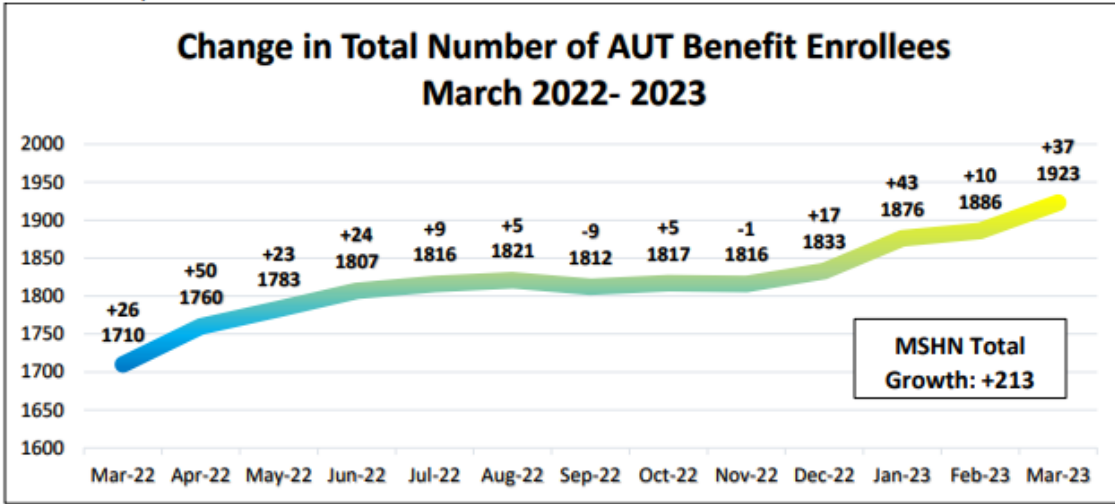
MSHN continues to monitor the organizational and individual credentialing requirements delegated to the CMHSPs through a semi-annual reporting process. The below chart depicts the results of the FY23Q1-Q2 results. Corrective action plans are required for CMHSPs who fall under 90% compliance with the standards.

	BABHA	CMH-CEI	CMH-CM	GIHN	HBH	LifeWays	MCM	MSHN	NCMH	SCCMHA	SHW	TBHS	TRD
Report Summary													
# Of Individuals	7	256	1	1	20	1	23	1	7	117	19	40	15
# Of Organizations	11	5	3	4	13	12	0	0	0	18	2	18	16
Total Reported	18	261	4	5	33	13	23	1	7	135	21	58	31
# Initial Credentialing	5	56	3	5	19	0	8	1	1	94	11	12	12
# Recredentialing	13	205	1	0	14	13	15	0	6	41	10	46	19
% Compliant Initial LIP Credentialing Decision within 90 days													
Non-Compliant over 90 days	0%	7%	0%	0%	0%	-	0%	0%	0%	8%	9%	17%	8%
Compliant - within 90 days	100%	93%	100%	100%	100%	-	100%	100%	100%	92%	91%	83%	92%
% Compliant with Recredentialing 2-year Timeframe- Org and LIP													
Over 2 years (non-compliant)	0%	100%	0%	-	0%	0%	0%	-	33%	38%	30%	9%	37%
Within 2 years (compliant)	100%	0%	100%	-	100%	100%	100%	-	67%	63%	70%	91%	63%

The full Credentialing Semi-Annual Report is available at the link below **Credentialing Semi-Annual Report Summary FY23Q1-Q2**. For the full report on Compliance activities, see the link below **Compliance, Customers Service and Quality Department Report FY23Q2**

Autism Services

Total enrollees in the Autism Benefit continues to see increases. Nine (9) of the MSHN’s 12 Community Mental Health Service Programs (CMHSPs) (Bay-Arenac, CEI, Central, LifeWays, Montcalm, Saginaw, Shiawassee, The Right Door, and Tuscola) have experienced continued enrollment growth.



The Waiver Support Application (WSA) was decommissioned for AUTISM only on April 1, 2023. MDHHS is currently exploring options to develop autism monitoring tools outside of the WSA. MSHN has established a new data gathering process through the MSHN Autism Workgroup and will continue to provide data to the region and monitor the increased demand for services.

At the state level, many newly proposed changes are being presented by MDHHS to the statewide Autism Leads Workgroup. PIHPs, including MSHN, have strong concerns regarding the proposed changes and have been providing feedback to the state workgroup. Some of the concerns are listed below.

- ABA services can start before the full examination (assessment).
- No more annual evaluation requirement.
- Excluding LLMSW as a Qualified Licensed Practitioners (QLP).
- Retrospective audit to be conducted from the last 11 years.
- Removal of Autism specific telehealth codes.

MSHN will continue to work with the state and Autism Leads to ensure quality and availability of services, while also seeking administrative efficiencies.

For the full report, including updates on other wavier services, see the link below ***Behavioral Health Department Report FY23Q2.***

Submitted by:

Amanda L. Ittner

Finalized: 6.23.23

Links to Reports:

[Network Adequacy Assessment - 2022 Addendum](#)

[Credentialing Semi-Annual Report Summary FY23Q1-Q2](#)

[Compliance, Customers Service and Quality Department Report FY23Q2](#)

[Behavioral Health Department Report FY23Q2](#)

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Preliminary Statement of Net Position and Statement of Activities for the Period Ending May 31, 2023, have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Preliminary Statement of Net Position and Statement of Activities for the Period Ending May 31, 2023, as presented.

**Mid-State Health Network
Statement of Activities
As of May 31, 2023**

		Columns Identifiers						
		A	B	C	D	E (C - D)	F (C / B)	
			Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Actual % of Budget	
Rows Numbers		FY23 Original Bdgt			FY23 Original Bdgt			
1	Revenue:							
2	Grant and Other Funding		\$ 922,984	91,525	615,323	(523,797)	9.92 %	1a
3	Medicaid Use of Carry Forward		\$ 53,948,483	47,163,770	35,965,655	11,198,114	87.42%	1b
4	Medicaid Capitation		721,884,729	513,129,773	481,256,486	31,873,287	71.08%	1c
5	Local Contribution		2,345,532	1,153,802	1,563,688	(409,886)	49.19%	1d
6	Interest Income		20,000	118,923	13,333	105,589	594.62%	1e
7	Change in Market Value		0	892,385	0	892,386	0.00%	
8	Non Capitated Revenue		20,453,988	9,828,847	13,635,992	(3,807,145)	48.05%	1f
9	Total Revenue		799,575,716	572,379,025	533,050,477	39,328,548	71.59 %	
10	Expenses:							
11	PIHP Administration Expense:							
12	Compensation and Benefits		7,316,803	4,137,761	4,877,869	(740,108)	56.55 %	
13	Consulting Services		205,000	50,950	136,667	(85,717)	24.85 %	
14	Contracted Services		109,100	59,680	72,733	(13,053)	54.70 %	
15	Other Contractual Agreements		439,350	225,049	292,900	(67,851)	51.22 %	
16	Board Member Per Diems		18,060	9,660	12,040	(2,380)	53.49 %	
17	Meeting and Conference Expense		219,425	81,060	146,283	(65,223)	36.94 %	
18	Liability Insurance		36,705	32,449	24,470	7,979	88.40 %	
19	Facility Costs		140,526	108,117	93,684	14,433	76.94 %	
20	Supplies		283,475	257,574	188,983	68,590	90.86 %	
21	Depreciation		50,397	20,998	33,598	(12,599)	41.67 %	
22	Other Expenses		960,400	781,156	640,267	140,889	81.34 %	
23	Subtotal PIHP Administration Expenses		9,779,241	5,764,454	6,519,494	(755,040)	58.95 %	2a
24	CMHSP and Tax Expense:							
25	CMHSP Participant Agreements		654,532,545	461,161,566	436,355,030	24,806,536	70.46 %	1b,1c
26	SUD Provider Agreements		59,158,728	40,428,495	39,439,152	989,343	68.34 %	1c,1f
27	Benefits Stabilization		1,846,461	7,934,293	1,230,974	6,703,319	429.70 %	1b
28	Tax - Local Section 928		2,345,532	1,153,802	1,563,688	(409,886)	49.19 %	1d
29	Taxes- IPA/HRA		24,482,263	14,444,004	16,321,509	(1,877,505)	59.00 %	2b
30	Subtotal CMHSP and Tax Expenses		742,365,529	525,122,160	494,910,353	30,211,807	70.74 %	
31	Total Expenses		752,144,770	530,886,614	501,429,847	29,456,767	70.58 %	
32	Excess of Revenues over Expenditures		\$ 47,430,946	\$ 41,492,411	\$ 31,620,630			

Mid-State Health Network
Preliminary Statement of Net Position by Fund
As of May 31, 2023

Column Identifiers			
A	B	C	D B + C

Row Numbers		Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
1	Assets				
2	Cash and Short-term Investments				
3	Chase Checking Account	21,937,801	0	21,937,801	1a
4	Chase MM Savings	34,182,347	0	34,182,347	
5	Savings ISF Account	0	6,659,407	6,659,407	1b
6	Savings PA2 Account	4,013,401	0	4,013,401	1c
7	Investment General Savings Account	54,415,606	0	54,415,606	1a
8	Investment PA2 Account	3,462,811	0	3,462,811	1c
9	Investment ISF Account	0	45,667,058	45,667,058	1b
10	Total Cash and Short-term Investments	\$ 118,011,966	\$ 52,326,465	\$ 170,338,431	
11	Accounts Receivable				
12	Due from MDHHS	18,650,721	0	18,650,721	2a
13	Due from CMHSP Participants	2,531,873	0	2,531,873	2b
14	Due from Other Governments	194,789	0	194,789	2c
15	Due from Miscellaneous	473,357	0	473,357	2d
16	Total Accounts Receivable	21,850,740	0	21,850,740	
17	Prepaid Expenses				
18	Prepaid Expense Rent	4,529	0	4,529	2e
19	Prepaid Expense Other	15,085	0	15,085	2f
20	Total Prepaid Expenses	19,614	0	19,614	
21	Fixed Assets				
22	Fixed Assets - Computers	189,180	0	189,180	2g
23	Accumulated Depreciation - Computers	(189,180)	0	(189,180)	
24	Lease Assets	203,309	0	203,309	2h
25	Accumulated Amortization - Lease Asset	(106,437)	0	(106,437)	
26	Total Fixed Assets, Net	96,872	0	96,872	
27	Total Assets	\$ 139,979,192	\$ 52,326,465	\$ 192,305,657	
28					
29	Liabilities and Net Position				
30	Liabilities				
31	Accounts Payable	\$ 11,789,634	\$ 0	\$ 11,789,634	1a
32	Current Obligations (Due To Partners)				
33	Due to State	57,231,741	0	57,231,741	3a
34	Other Payable	4,237,932	0	4,237,932	3b
35	Due to State HRA Accrual	2,521,904	0	2,521,904	1a, 3c
36	Due to State-IPA Tax	1,170,456	0	1,170,456	3d
37	Due to State Local Obligation	(9,355)	0	(9,355)	3e
38	Due to CMHSP Participants	5,768,705	0	5,768,705	3f
39	Accrued PR Expense Wages	147,067	0	147,067	3g
40	Accrued Benefits PTO Payable	388,589	0	388,589	3h
41	Accrued Benefits Other	23,610	0	23,610	3i
42	Total Current Obligations (Due To Partners)	71,480,649	0	71,480,649	
43	Lease Liability	96,300	0	96,300	2i
44	Deferred Revenue	7,004,028	0	7,004,028	1b 1c 2b 3b
45	Total Liabilities	90,370,611	0	90,370,611	
46	Net Position				
47	Unrestricted	49,608,581	0	49,608,581	3j
48	Restricted for Risk Management	0	52,326,465	52,326,465	1b
49	Total Net Position	49,608,581	52,326,465	101,935,046	
50	Total Liabilities and Net Position	\$ 139,979,192	\$ 52,326,465	\$ 192,305,657	

**Mid-State Health Network
Notes to Financial Statements
For the Eight-Month Period Ended,
May 31, 2023**

Please note: The Preliminary Statement of Net Position contains Fiscal Year (FY) 2022 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP cost settlement figures were extracted from MSHN’s Final Financial Status Report (FSR) submitted to MDHHS in February 2023. FY 2022 CMHSP cost settlements will be finalized once all Compliance Examinations are complete. The anticipated completion date is July 2023.

Preliminary Statement of Net Position:

1. Cash and Short-Term Investments
 - a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes. In addition, MSHN invested more than \$54 M (approximately 60%) of funds previously held in its Money Market Savings Account.
 - b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract. MSHN holds more than \$31M in the investment account which is about 62% of the available ISF balance. The remaining portion is held in a savings account and available for immediate use if needed. Internal Service Funds are used to cover the Region’s risk exposure. In the event current Fiscal Year revenue is spent and all prior year savings are exhausted, PIHPs can abate funds from the ISF and use for remaining costs. MSHN has had a fully funded ISF which is 7.5% of Medicaid Revenue for the last several Fiscal Years.
 - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account. In addition, MSHN invested more than \$3.4 M (approximately 46%) of funds previously held in its PA2 Savings Account.

2. Accounts Receivable

- a) More than 50% of the balance results from an MDHHS Healthy Michigan Plan (HMP) payment delay for May 2023. The delay was resolved and the HMP payment was received in mid-June. In addition, another 14% is due for April and May HRA payments. Lastly, the remaining amounts in this account stem from Withholds and other Grant funds owed to MSHN.
- b) Due from CMHSP Participants reflects FY 2022 projected cost settlement activity.

CMHSP	Cost Settlement	Payments/Offsets	Total
The Right Door	505,009.48	459,830.00	45,179.48
Newaygo	81,818.70	598,589.00	(516,770.30)
Saginaw	10,236,261.57	7,733,924.00	2,502,337.57
Tuscola	1,093,985.42	592,859.00	501,126.42
Total	36,448,126.96	33,916,253.79	2,531,873.17

- c) The balance held in Due from Other Governments represents FY 2023 Quarter 2 PA 2 payments due from several counties. Please note: In December 2022 Michigan’s Governor signed into law an estimated \$25M increase for liquor tax funding. MSHN’s portion of the funding totals an increase of \$576k available for treatment and prevention activities.
- d) Approximately 73% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount

represents advances made to Substance Use Disorder (SUD) providers to cover operations and other outstanding miscellaneous items.

- e) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.
- f) Prepaid Expense Other relates to Relias training paid for MSHN and SUD provider network staff and MSHN's video conferencing platform Zoom.
- g) Total Fixed Assets represents the value of MSHN's capital assets net of accumulated depreciation.
- h) The Lease Assets category is now displayed as an asset and liability based on a new Governmental Accounting Standards Board (GASB) requirement. The lease assets figure represents FY 2022 – 2025 contract amounts for MSHN's office space.

3. Liabilities

- a) MSHN estimates FY 2022 and FY 2021 lapses totaling \$36.6 M and \$19.1 M to MDHHS, respectively. The lapse amount indicates we have a fully funded FY 2022 ISF, and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS receives half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum. Further, MSHN owes MDHHS an FY 2020 lapse amount totaling \$1.2 M based on Compliance Examination adjustments.
- b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
- c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
- d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligibles.
- e) Local Match has a payment due to MDHHS in August 2023. The negative balance illustrates one schedule CMHSP's advance payment.
- f) Due to CMHSPs shows FY 2022 projected cost settlement amounts.

CMHSP	Cost Settlement	Payments/Offsets	Total
Bay	1,652,961.83	1,198,112.00	454,849.83
Central	2,223,301.75	1,264,405.00	958,896.75
Gratiot	164,086.60	180,584.00	(16,497.40)
Huron	1,246,649.11	1,091,330.00	155,319.11
Lifeways	6,264,631.70	2,048,495.00	4,216,136.70
Total	12,892,419.70	7,123,714.71	5,768,704.99

- g) Accrued payroll expense wages represent expenses incurred in May and paid in June.
- h) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees.
- i) Accrued Benefits Other represents retirement benefit expenses incurred in May and paid in June.
- j) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities – Column F now calculates the actual revenue and expenses compared to the full year’s budget. Revenue accounts whose Column F percent is less than 66.7% translate to MSHN receiving less revenue than anticipated/budgeted. Expense accounts with Column F amounts greater than 66.7% shows MSHN’s spending is trending higher than expected.

1. Revenue

- a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator (VN) activity and other small grants. Actual revenue is lower than budget since Certified Community Behavioral Health Centers (CCBHC) grants from MDHHS to cover non-Medicaid individuals have not been received. In addition, since the SIS program ended March 31, 2023, actual revenue will not reach budgeted figures for FY 23.
- b) Medicaid Use of Carry Forward represents FY 2022 savings. Medicaid Savings is generated when the prior year revenue exceeds expenses for the same period. A small portion of Medicaid Savings is sent to the CMHSPs as funding delegated for SUD activities which include access, prevention, and customer services. FY 2022 Medicaid Carry Forward must be used as the first revenue source for FY 2023. In addition, the large budget variance in expenses results from cash flow payments issued to CMHSPs to cover their provider staffing stabilization approvals and other operational needs.
- c) Medicaid Capitation – Actual revenue continues trending higher than the budgeted amount. The higher revenue results from the Public Health Emergency’s (PHE) continuous Medicaid Enrollment condition which ended March 31, 2023. MDHHS announced it will begin enrollee recertifications in June 2023 with the full process is slated for completion within 12 months. MSHN will monitor funding trends related to disenrollments and take necessary action to ensure the region’s financial stability including a potential budget amendment later this fiscal year if indicated. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
- d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. FY 2023 amounts owed were nearly \$800 k less than FY 2022.
- e) Interest income is earned from investments and changes in principle for investments purchased at discounts or premiums. Interest income is trending significantly higher than budget amounts as MSHN’s investment portfolio has grown. The “change in market value” account records activity related to market fluctuations. Other amounts recorded in interest are those earned from the PA2 and General Savings accounts.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. The variance may decrease over time however unspent PA2 dollars remain in the deferred revenue account and Block Grant is received based on actual expenses incurred and billed to MDHHS.

2. Expense

- a) Total PIHP Administration Expense is under budget. The line items with the largest dollar variances are Compensation and Benefits and Other Expenses. Actual Compensation expense will increase in the coming months since MSHN is now fully staffed. Other Expense balance is higher than budget because MiHIN’s (technology provider – data exchange) entire FY 23 invoice was paid in October.
- b) IPA/HRA actual tax expenses are lower than the budget amount. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will also vary throughout the fiscal year based on inpatient psychiatric utilization and contribute to the variance. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
 SCHEDULE OF GENERAL SAVINGS INVESTMENTS
 As of May 31, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.20.23	4.21.23	8.15.23		54,139,763.33	54,139,763.33		275,842.42					
JP MORGAN INVESTMENTS						54,139,763.33			275,842.42		-			54,415,605.75
JP MORGAN CHASE SAVINGS						34,161,499.56		0.050%		20,847.65		-		34,182,347.21
						<u>\$ 88,301,262.89</u>			<u>\$ 275,842.42</u>	<u>\$ 20,847.65</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 88,597,952.96</u>

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Chase does not generate statements in months when no investment activity occurs. In these instances, a position report provided by Chase is used to determine the investment principal. In addition, the change in market value is derived from the difference in market value and cost.

MID-STATE HEALTH NETWORK
 SCHEDULE OF PA2 SAVINGS INVESTMENTS As of
 May 31, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Prior period interest - (Info Only added to col H total)	Interest Earnings (Information Only)	Total Chase Balance
UNITED STATES TREASURY BILL	912797GG6	4.18.23	4.19.23	8.15.23		3,443,453.42	3,443,453.42		19,357.85					
JP MORGAN INVESTMENTS						3,443,453.42			19,357.85		-			3,462,811.27
JP MORGAN CHASE SAVINGS						4,011,021.68		0.050%		2,378.96		-		4,013,400.64
						<u>\$ 7,454,475.10</u>			<u>\$ 19,357.85</u>	<u>\$ 2,378.96</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 7,476,211.91</u>

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MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of May 31, 2023

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY	Change in market value	Chase Savings Interest	Interest - Accrued	Total Chase Balance
UNITED STATES TREASURY BILL	91282CDR9	1.19.22	1.20.22	12.1.23		1,992,391.23	1,997,458.04		(49,723.66)		6,256.91	
UNITED STATES TREASURY BILL	912796X53	7.8.22	7.11.22	6.15.23		9,740,570.83	9,740,570.83		239,556.97			
UNITED STATES TREASURY BILL	912796XQ7	1.11.23	1.12.23	7.13.23		19,531,956.67	19,531,956.67		349,737.53			
UNITED STATES TREASURY BILL	912796XQ7	4.18.23	4.19.23	8.15.23		13,774,272.56	13,774,272.56		76,972.54			
JP MORGAN INVESTMENTS							45,044,258.10		616,543.38		6,256.91	45,667,058.39
JP MORGAN CHASE SAVINGS							6,435,151.58	0.050%		224,255.17		6,659,406.75
							<u>\$ 51,479,409.68</u>		<u>\$ 616,543.38</u>	<u>\$ 224,255.17</u>	<u>\$ 6,256.91</u>	<u>\$ 52,326,465.14</u>

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Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

The Entity Board must approve the execution of any contract exceeding \$25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY23 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY23 contract listing.

MID-STATE HEALTH NETWORK
FISCAL YEAR 2023 NEW AND RENEWING CONTRACTS
 July 2023

CONTRACTING ENTITY	PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM		CURRENT FY23 COST	FY23 TOTAL COST	FY23
	DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP ADMINISTRATIVE FUNCTION CONTRACTS					
Hazelden	EBP Materials For Provider Network (COVID-BG)	7.1.23 - 9.30.23	-	145,162	145,162
Roslund Prestage & Company	Single Audit	5.1.23 - 9.30.23	16,500	18,000	1,500
Rx Guardian	Medication Lock Boxes for SUD Treatment & Recovery Providers (SOR)	5.17.23 - 9.30.23	-	27,269	27,269
Vicki Rosenberg & Associates	DEI Staff Training	2.1.23 - 9.30.23	10,000	15,000	5,000
			\$ 26,500	\$ 205,431	\$ 178,931

CONTRACTING ENTITY	CMHSP SERVICE AREA	CONTRACT TERM	CURRENT FY23	FY23 TOTAL	FY23
			CONTRACT AMOUNT	CONTRACT AMOUNT	INCREASE/ (DECREASE)
PIHP/CMHSP MEDICAID SUBCONTRACTS					
CEI Community Mental Health Authority	Clinton, Eaton & Ingham	10.1.22 - 9.30.23	146,230,045	146,917,357.00	687,312.00
Saginaw County Community Mental Health Authority	Saginaw	10.1.22 - 9.30.23	88,261,000	88,331,225.00	70,225.00
The Right Door for Hope, Recovery & Wellness	Ionia	10.1.22 - 9.30.23	22,242,585	22,697,987.00	455,402.00
			\$ 256,733,630	\$ 257,946,569.00	\$ 1,212,939.00

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM		CURRENT FY23 COST	FY23 TOTAL COST	FY23
	DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
Addiction Treatment Services	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	-	675	675
Arbor Circle	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	453,902	458,762	4,860
Bear River Health	RFP Award (New Location)	7.1.23 - 9.30.23	-	289,000	289,000
Bear River Health at Walloon Lake	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	-	675	675
Bear River Health at Walloon Lake	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	-	2,160	2,160
Catholic Charities of Jackson, Lenawee & Hillsdale Counties	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	8,380	9,460	1,080
Catholic Charities of Shiawassee & Genesee County	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	20,176	22,336	2,160
Cherry Street Services	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	-	540	540

CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM		CURRENT FY23 COST	FY23 TOTAL COST	FY23
	DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
CMH for CEI	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	809,311	809,986	675
Cristo Rey Counseling Services	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	249,376	250,726	1,350
Cristo Rey Counseling Services	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	249,376	251,536	2,160
DOT Caring Centers	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	4,500	5,040	540
Family Services & Children's Aid	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	171,636	172,311	675
Family Services & Children's Aid	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	171,636	172,176	540
Flint Odyssey Village	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	-	675	675
List Psychological Services	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	59,461	60,811	1,350
McCullough Vargas & Associates	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	39,118	39,793	675
Mid-Michigan Recovery Services (f.k.a.NCALRA)	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	175,229	177,254	2,025
Mid-Michigan Recovery Services (f.k.a.NCALRA)	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	175,229	175,769	540
New Paths	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	-	1,080	1,080
North Kent Guidance Services	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	-	540	540
Recovery Pathways	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	275,606	276,956	1,350
Sacred Heart Rehabilitation	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	12,957	15,982	3,025
Sacred Heart Rehabilitation	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	12,957	14,577	1,620

CONTRACTING ENTITY	SUD PROVIDERS		CURRENT FY23 COST	FY23 TOTAL COST	FY23
	COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	REIMBURSEMENT CONTRACT AMOUNT	REIMBURSEMENT CONTRACT AMOUNT	INCREASE/ (DECREASE)
Saginaw Odyssey House, Inc.	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	15,440	18,815	3,375
Saginaw Odyssey House, Inc.	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	15,440	17,060	1,620
Saginaw Psychological Services	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	68,147	68,822	675
Saginaw Psychological Services	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	68,147	68,687	540
Ten Sixteen Recovery Network	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	795,069	795,744	675
Ten Sixteen Recovery Network	Too Good for Drugs workbooks	5.1.23 - 9.30.23	867,990	869,559	1,569
Victory Clinical Services IV - Saginaw	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	53,349	54,024	675
W.A. Foote Memorial Hospital (dba Henry Ford Allegiance Health)	Reimbursement for time away from billable services while attending Trauma Informed Yoga Training	5.1.23 - 9.30.23	-	2,025	2,025
Wedgwood Christian Services in Montcalm	Reimbursement for time away from billable services while attending Solution Focused Brief Intervention Training	6.1.23 - 9.30.23	100,683	101,763	1,080
			\$ 4,873,115	\$ 5,205,319	\$ 332,204

Mid-State Health Network (MSHN) Board of Directors Meeting
Tuesday, May 9, 2023
MyMichigan Medical Center
Meeting Minutes

1. Call to Order

Chairperson Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:00 p.m. Mr. Woods welcomed new board member, Phillip Moore, appointed from Shiawassee Health and Wellness.

2. Roll Call

Secretary Kurt Peasley provided the roll call for Board Members in attendance.

Board Member(s) Present: Joe Brehler (CEI), Ken DeLaat (Newaygo), David Griesing (Tuscola), Dan Grimshaw (Tuscola) – joined at 5:04 p.m., Tina Hicks (Gratiot), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Deb McPeek-McFadden (Ionia), Phillip Moore (Shiawassee), Gretchen Nyland (Ionia), Irene O’Boyle (Gratiot), Kurt Peasley (Montcalm), Joe Phillips (CMH for Central Michigan), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan), Richard Swartzendruber (Huron), Susan Twing (Newaygo), Joan Williams (Saginaw) – joined at 5:18 p.m., and Ed Woods (LifeWays)

Board Member(s) Remote: Beverly Wiltse (Huron)

Board Member(s) Absent: Brad Bohner (LifeWays)

Staff Member(s) Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer), Sherry Kletke (Executive Support Specialist), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations), Skye Pletcher (Director of Utilization and Care Management), Kim Zimmerman (Chief Compliance and Quality Officer), Steve Grulke (Chief Information Officer)

Public Present: Two members of the public were present; one in-person and one virtually.

3. Approval of Agenda for May 9, 2023

Board approval was requested for the Agenda of the May 9, 2023, Regular Business Meeting.

MOTION BY KEN DeLAAT, SUPPORTED BY PAT McFARLAND, FOR APPROVAL OF THE AGENDA OF THE MAY 9, 2023, REGULAR BUSINESS MEETING, AS PRESENTED WITH ADDITION TO OTHER BUSINESS AGENDA ITEM #15 FOR A MOTION TO HAVE A RESOLUTION WRITTEN IN OPPOSITION TO THE MDHHS PROPOSED PLANS FOR CONFLICT FREE ACCESS AND PLANNING. MOTION CARRIED: 18-0.

4. Public Comment

An opportunity for public comment was provided. There was no public comment.

5. FY2022 Audit Presentation

Mr. Bill Hirschman, from Roslund, Prestage and Company presented the financial audit of MSHN for fiscal year 2022 conducted by his firm. The opinion rendered by Roslund, Prestage and Company is that MSHNs financial statements present fairly, in all material aspects, the respective financial position of the business-type activities, each major fund, and the aggregate remaining fund information of the Entity, as of September 30, 2022, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America. Opinion is the highest level available. Mr. Ed Woods thanked Bill and his team at Roslund, Prestage and Company for their ongoing assistance with MSHN financial audits. Mr. Woods also wished to thank Ms. Leslie Thomas for her work in ongoing integrity in leading the financial management of MSHN.

MOTION BY DEB McPEEK-McFADDEN, SUPPORTED BY JEANNE LADD, TO RECEIVE AND FILE THE FY2022 AUDIT REPORT OF MSHN COMPLETED BY ROSLUND, PRESTAGE AND COMPANY. MOTION CARRIED: 19-0.

6. MSHN Diversity-Equity-Inclusion Organizational Values Statement

Consistent with the commitments of the MSHN board in establishing a “better equity” strategic priority, MSHN administration has been actively working on our policies, procedures, and processes to be better in diversity, equity, and inclusion (DEI). MSHN established an internal workgroup known as IDEA: Inclusion, Diversity, Equity, and Accessibility. This workgroup has developed a draft MSHN official organizational statement of purpose, values, and commitments to health equity, diversity, equity, and inclusion. The IDEA workgroup recommended adoption to the MSHN Leadership Team, which approved and recommends adoption by the MSHN Board of Directors as the official position statement of the organization. The draft statements were reviewed and endorsed by the MSHN Executive Committee on April 21, 2023. The MSHN staff and Leadership Team recommend the Board of Directors approve and adopt the draft statements.

MOTION BY IRENE O’BOYLE , SUPPORTED BY SUSAN TWING, TO APPROVE THE MSHN OFFICIAL STATEMENTS OF PURPOSE, VALUES, AND COMMITMENTS TO HEALTH EQUITY AND DIVERSITY, EQUITY, AND INCLUSION. MOTION CARRIED: 18-1.

7. Chief Executive Officer’s Report

Mr. Joseph Sedlock discussed several items from within his written report to the Board highlighting the following:

- PIHP/Regional Matters
 - Medicaid Health Plan Re-Bid
 - Supports Intensity Scale (SIS) Terminated
- State of Michigan/Statewide Activities
 - Michigan Opioid Advisory Commission Issues 2023 Report
 - MDHHS Strategic Priorities – 2023-2027
 - New State Psychiatric Hospital to be Located in Northville
- Federal/National Activities
 - SAMHSA Draft Strategic Plan (2023-2026)

Mr. Ed Woods welcomed new board member, Joan Williams, appointed from Saginaw County Community Mental Health.

8. Deputy Director’s Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions
- Balanced Scorecard Measures for FY 2023
- Efforts to Increase Use and Understanding of Data

9. Chief Financial Officer’s Report

Ms. Leslie Thomas provided an overview of the financial reports included within board meeting packets for the period ended March 31, 2023.

MOTION BY KEN DELAAT, SUPPORTED BY DAVID GRIESING, TO RECEIVE AND FILE THE PRELIMINARY STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING MARCH 31, 2023, AS PRESENTED. MOTION CARRIED: 20-0.

10. Contracts for Consideration/Approval

Ms. Leslie Thomas provided an overview of the FY2023 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY2023 contract listing.

MOTION BY SUSAN TWIING, SUPPORTED BY TINA HICKS, TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS AS PRESENTED AND LISTED ON THE FY23 CONTRACT LISTING. MOTION CARRIED: 20-0.

11. Executive Committee Report

Mr. Ed Woods provided an overview from the April 2023 Executive Committee meeting, highlighting the following:

- Nominating Committee for September 2023 Election of Officers-Kerin Scanlon (Chair), Deb McPeek-McFadden and Ken DeLaat have agreed to serve on the Nominating Committee.
- MSHN sponsored board members-Tina Hicks and Kerin Scanlon to attend NatCon 2023 that took place May 1st – May 3rd, 2023 in Los Angeles. Mr. Woods thanked Ms. Hicks and Ms. Scanlon for attending the conference.

12. Chairpersons Report

Mr. Ed Woods called for volunteers willing to be voting delegates for the Community Mental Health Association of Michigan (CMHAM) Provider Assembly Meeting at the Summer Conference on Monday June 5th at 5:30 p.m. Ms. Bev Wiltse and Ms. Tina Hicks volunteered. MSHN Administration will supply their names to CMHAM.

13. Policy Committee Report

Mr. John Johansen provided board members with a reminder of the board member conduct and board meetings policy stating each member may speak twice, up to three minutes each, on matters of general comment or comments of a personal nature. This limit is for the good of the order and keeps the meeting progressing forward.

14. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented with the removal of the travel policy upon board member request for discussion under Other Business agenda item #15.

MOTION BY RICHARD SWARTZENDRUBER, SUPPORTED BY KURT PEASLEY, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MARCH 7, 2023 BOARD OF DIRECTORS MEETING; RECEIVE SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD MINUTES OF DECEMBER 21, 2022 AND FEBRUARY 15, 2023; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF APRIL 21, 2023; RECEIVE

POLICY COMMITTEE MINUTES OF APRIL 4, 2023; RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF FEBRUARY 27, 2023 AND MARCH 20, 2023 AND APRIL 17, 2023; AND TO APPROVE ALL THE FOLLOWING POLICIES: CASH MANAGEMENT – ADVANCES, CASH MANAGEMENT – BUDGET & OVERSIGHT, CASH MANAGEMENT – COST SETTLEMENTS, CASH MANAGEMENT, COSTING, FINANCE MANAGEMENT, FIXED ASSETS DEPRECIATION, FOOD EXPENSE, INVESTMENT, PA2 FUND USE, PA2 INTEREST ALLOCATION, PROCUREMENT, RISK MANAGEMENT, SUD-INCOME ELIGIBILITY & FEES, TRANSFER OF CMHSP CARE RESPONSIBILITY, CCBHC RECIPIENT ELIGIBILITY. MOTION CARRIED: 20-0.

15. Other Business

- MOTION BY TINA HICKS, SUPPORTED BY IRENE O’BOYLE TO DIRECT THE CHIEF EXECUTIVE OFFICER TO WRITE A RESOLUTION IN OPPOSITION TO THE CONFLICT FREE ACCESS AND PLANNING PROPOSALS TO DATE. MOTION CARRIED: 20-0.** The resolution will be presented to the Executive Committee at the upcoming May meeting and if approved, the resolution will then be distributed to the MDHHS, Legislators, Governor’s office and all board members.
- MOTION BY GRETCHEN NYLAND, SUPPORTED BY PAT McFARLAND TO APPROVE THE TRAVEL POLICY REMOVED FROM THE CONSENT AGENDA. ROLL CALL VOTE: JOE BREHLER-NO, KEN DeLAAT-YES, DAVID GRIESING-YES, DAN GRIMSHAW-NO, TINA HICKS-YES, JOHN JOHANSEN-YES, JEANNE LADD-YES, PAT McFARLAND-NO, DEB McPEEK-McFADDEN-NO, PHILLIP MOORE-NO, GRETCHEN NYLAND-NO, IRENE O’BOYLE-NO, KURT PEASLEY-NO, JOE PHILLIPS-YES, TRACEY RAQUEPAW-NO, KERIN SCANLON-NO, RICHARD SWARTZENDRUBER-YES, SUSAN TWING-YES, JOAN WILLIAMS-YES, ED WOODS-YES. FINAL VOTE TOTAL:10-10. MOTION FAILED.** The travel policy includes an edit to reimburse employees for mileage to/from their home/remote office (official station) to/from the MSHN office in Lansing. Board members request that MSHN check the IRS policy applicable to employees. MSHN Administration will draft changes to the policy for presentation at an upcoming policy committee meeting. The board wished to convey the message they support remote work, however their objection is to the mileage reimbursement for coming to the MSHN office for meetings. Mr. Joe Sedlock expressed that he is available anytime members may have questions.

16. Public Comment

Board members encouraged everyone to take Mental Health First Aid Training. Mr. John Johansen extended appreciation to MSHN staff for the Strategic Planning presentation that took place earlier today. The presentation was very well prepared. Mr. Johansen also expressed appreciation for the donation from the board to Hospice in memory of his late wife, Gerri.

17. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:19 p.m.

Mid-State Health Network Board of Directors Executive Committee Meeting Minutes

Friday, May 19, 2023 - 9:00 a.m.; Zoom Video Conference

Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice-Chairperson; Kurt Peasley, Secretary; David Griesing, Member at Large
Members Absent: Pat McFarland, Member at Large
Staff Present: Amanda Ittner, Deputy Director; Joe Sedlock, Chief Executive Officer
Guests Present: Dr. Brookins-Fisher, Central Michigan University; Ms. Gumanow, Partnerships Director, Healthy Democracy/Healthy People

1. Call to order: This meeting of the MSHN Board Executive Committee was called to order at 9:04 a.m. by Chairperson Woods.
2. Approval of Agenda: Motion by K. Peasley supported by D. Griesing to approve the agenda as presented. Motion carried.
3. Guest MSHN Board Member Comments: None - No other board members present.
4. Special Order
 - 4.1 Healthy Democracy Healthy People Initiative: Ms. Gumanow and Dr. Brookins-Fisher, both guests of I. O’Boyle, provided an overview of the Healthy Democracy Healthy People Initiative and proposed a partnership with MSHN and the initiative. Committee discussion resulted in a recommendation for the Initiative to connect with regional and local Consumer Advisory Councils for the purpose of considering consumer-initiated voter registration and voting process education activities. The Executive Committee does not endorse a formal role for MSHN or participating CMHSPs (other than through their consumer advisory councils, if they opt in). J. Sedlock will provide contact information for the regional consumer advisory council, the Community Mental Health Association of Michigan, and the National Alliance for the Mentally Ill – Michigan Chapter.
5. Other Matters
 - 5.1 Draft Board Resolution Opposing Conflict Free Access and Planning Models to Date: At its May 9 meeting, the MSHN Board of Directors directed the Chief Executive Officer to draft a resolution opposing current conflict free access and planning models and delegated final consideration and approval to the Executive Committee. A draft resolution was presented by J. Sedlock. Minor edits were suggested and will be incorporated. The Executive Committee approved by consensus the draft resolution. J. Sedlock reviewed a list of state officials and others to receive the resolution. MSHN administration will distribute the final revised resolution the week of May 22, 2023.
 - 5.2 Feedback on Board Strategic Planning Session: Feedback from the Executive Committee was positive with no recommendations for consideration for the next strategic planning event.
 - 5.3 Other: None
6. Other
 - 6.1 Any other business to come before the Executive Committee: None
 - 6.2 Next scheduled Executive Committee Meeting: 06/16/2023, 9:00 a.m.
7. Guest MSHN Board Member Comments: None
8. Adjourn: Meeting adjourned at 9:55 a.m.

**Mid-State Health Network Board of Directors
Executive Committee Meeting Agenda
June 16, 2023**

Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice-Chairperson; Kurt Peasley, Secretary; David Griesing, Member at Large; Pat McFarland, Member at Large

Other Board Members: Ken DeLaat

Staff Present: Amanda Ittner, Deputy Director; Joseph Sedlock, Chief Executive Officer

1. **Call to order:** Chairperson Woods called this meeting of the MSHN Executive Committee to order at 9:02 a.m.
2. **Approval of Agenda:** Motion by Kurt Peasley supported by David Griesing to approve the agenda for the June 16, 2023 meeting of the MSHN Board Executive Committee as presented. Motion carried.
3. **Guest MSHN Board Member Comments:** None
4. **Board Matters:**
 - 4.1 **Announcement:** Mr. Woods announced the BABHA Appointment of Robert (Bob) Pawlak to vacancy on MSHN Board and noted that board orientation for Mr. Pawlak (Bay-Arenac) and Ms. Joanie Williams (Saginaw) will occur today at noon.
 - 4.2 **July 2023 Draft Board Meeting Agenda:** The agenda for the July 11 MSHN Board of Directors meeting was reviewed. It was noted by the Committee that there will be a presentation on Dual Special Needs Plans (D/SNP) from Dave Schneider (HMA). This is because there wasn’t time in our May strategic planning session to include this important information. The presentation is anticipated to take place over one hour.
 - 4.3 **Future Board and Executive Committee Meeting Planning:** Mr. Sedlock noted the following upcoming activities for the benefit of Executive Committee and Board planning:
 - September: Board Annual Meeting, Elections, Budget Public Hearing, Strategic Plan
 - November: Compliance Audit Presentation; Value Based Purchasing Board Development (Amanda Ittner); Begin CEO Annual Review Process
 - December Executive Committee: CEO Contract Renewal Consideration (contract expires 01/31/2024)
 - January: CEO Performance Review; CEO Contract Renewal/extension; Begin board self-evaluation process.
 - FY 24 meeting locations: Mr. Sedlock asked for Executive Committee guidance on resumption of rotation of among regional CMHSP. Prior to the pandemic, the MSHN Board rotated meeting locations among the 12 CMHSPs visiting 4 CMHSPs per year (in moderate weather months) so that all 12 CMHSP locations were visited at least once in a three-year meeting cycle. A primary purpose is to make the board accessible to consumers and providers across the region. Guidance from the Committee was for Chairperson Woods to discuss this with the board under the Executive Committee report section of the agenda and for Mr. Sedlock to advise the Operations Council that if, at any time, CMHSPs wished for the MSHN Board to meet at their CMHSP (or in their communities since many do not have meeting rooms large enough to accommodate the MSHN Board) to advise Mr. Sedlock and the board will meet that request.
 - 4.4 **Nominating Committee Update:** Nominating Committee met on June 13. The Nominating Committee approved a timeline for its work, reviewed applicable bylaws and policies, and developed plans for the

solicitation of nominations from board members. This process will involve a very brief survey that will be included in board member on-site meeting packets for the July 11 board meeting with an electronic survey sent to those that did not complete it on site or that did not make it in-person to the meeting.

- 4.5 **Update on Revised Proposed Travel Policy:** Ms. Ittner reported that the policy committee reviewed the revised travel policy and is satisfied that the concerns raised by board members have been addressed. The policy committee is recommending adoption of the revised policy to the full board at the July meeting (will be on the consent agenda, as per established practice).

4.6 **Other (if any):**

4.6.1 The Executive Committee supported Mr. Griesing's proposal to invite new CEOs in the region to introduce themselves virtually or in person at board meetings when appropriate.

4.6.2 Mr. Woods reminded officers that they will need to sign the MDHHS-required annual managed care organization ownership attestation. Administration has sent the documents to the three officers, which are the same as previous years, via DocuSign.

5. Administration Matters:

- 5.1 **US Public Health Emergency Declaration Status, Unwind, and COVID-Related Updates:** A. Ittner provided an update on the May 11 termination of the COVID national public health emergency, continuation/termination of flexibilities in State policy, and the "unwind" process involved with redetermination of eligibility for Medicaid and Healthy Michigan. MSHN is monitoring potential impacts on financing. More information is [available at this link](#).

5.2 **Other (if any):** None

6. Other:

6.1 Any other business to come before the Executive Committee: None

6.2 Next scheduled Executive Committee Meeting: 08/18/2023, 9:00 a.m.

7. Guest MSHN Board Member Comments: None

8. Adjourn: This meeting of the MSHN Board Executive Committee was adjourned at 9:35 a.m.

MID-STATE HEALTH NETWORK
BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, JUNE 6, 2023 (VIDEO CONFERENCE)

Members Present: David Griesing, Irene O’Boyle, Jeanne Ladd, John Johansen, Kurt Peasley

Staff Present: Amanda Ittner, (Deputy Director); Sherry Kletke (Executive Assistant)

1. CALL TO ORDER

Mr. John Johansen called the Board Policy Committee meeting to order at 10:00 a.m.

2. APPROVAL OF THE AGENDA

MOTION by David Griesing, supported by Jeanne Ladd, to approve the June 6, 2023, Board Policy Committee Meeting Agenda, as presented. Motion Carried: 5-0.

3. POLICIES UNDER DISCUSSION

Mr. John Johansen invited Ms. Amanda Ittner to inform members of the policies under discussion from the Finance Chapter.

CHAPTER: FINANCE

1. TRAVEL
2. PROCUREMENT

The Travel policy was brought back before the policy committee following the request at the full board meeting to amend the language stating staff will not be reimbursed for coming to the MSHN office for internal meetings from their official station. Travel to/from staff’s official station for official business not conducted at the MSHN offices will be paid per the terms of the policy.

The Procurement policy adds language excluding certain vendors or providers from a competitive bid process because a vendor change would be excessive, unreasonable, or cost-prohibitive.

Members expressed appreciation to MSHN administration for amending the travel policy as requested and for reaching out to members that voted in opposition to the original policy to review the amended language proposed.

MOTION by Jeanne Ladd, supported by David Griesing, to approve and recommend the policies under biennial review as presented. Motion carried: 5-0.

4. POLICIES UNDER BIENNIAL REVIEW

Mr. John Johansen invited Ms. Amanda Ittner to inform members of the revisions made to the policies under the Human Resources Chapter being presented under biennial review. Ms. Ittner provided an overview of the substantive changes within the policies. The Human Resources chapter has been reviewed by the Deputy Director, the Chief Executive Officer and the Professional Employer Organization.

Board Policy Committee June 6, 2023: Minutes are Considered Draft until Board Approved

CHAPTER: HUMAN RESOURCES

1. EMPLOYEE COMPENSATION
2. PERFORMANCE EVALUATION
3. PERSONNEL MANUAL
4. POSITION MANAGEMENT
5. PUBLIC HEALTH EMERGENCY NOTICE
6. REIMBURSEMENT POLICY FOR CREDENTIALS, LICENSURE AND MEMBERSHIPS
7. SEPARATION POLICY
8. SUCCESSION PLANNING

Committee members asked about adding language to the Personnel Manual, Social Media section to remind individuals they are employees of MSHN and are expected to be examples for our community and consumers. Ms. Ittner will speak with the Professional Employer Organization specifically related to this section and if further changes should be included, the personnel manual will be brought back to the committee.

MOTION by Kurt Peasley, supported by Jeanne Ladd, to approve and recommend the policies under biennial review as presented. Motion carried: 5-0.

5. NEW BUSINESS

6. ADJOURN

Mr. John Johansen adjourned the Board Policy Committee Meeting at 10:22 a.m.

*Meeting Minutes respectfully submitted by:
MSHN Executive Support Specialist*

**Mid-State Health Network Board of Directors
Nominating Committee Meeting Minutes**

Tuesday, June 13, 2023 – 1:00 PM

Members Present: Kerin Scanlon, Chairperson; Ken DeLaat

Members Absent: Deb McPeek-McFadden

Staff Present: Joseph Sedlock, Chief Executive Officer; Sherry Kletke, Executive Support Specialist

1. **Call to order:** This meeting of the MSHN Board of Directors Nominating Committee was called at 1:14 PM.
2. **Review of MSHN Bylaws and MSHN Policy and Procedure:** The Committee reviewed the Board Nominations and Election Procedure, Board Governance Policy and Articles 6.1 and 6.2 of the MSHN Bylaws all of which are applicable to the committee's work.
3. **Review of Proposed Timeline:** The Nominating Committee reviewed and approved the timeline prepared by MSHN staff for the nominations and election process for 2023.
4. **Review/Approval of Draft Board Survey:** The Committee reviewed and approved the survey that was used for the last MSHN officer election process to ask seated board members of their interest in or nominees for officer positions. The survey will be in board member folders for the July 11, 2023 board meeting and will also be distributed electronically to those that weren't able to complete the form at the meeting.
5. **New Business:** None
6. **Next Meeting:** The next meeting of the Nominating Committee will be on Tuesday, August 8, 2023 at 12:00 p.m. via zoom.
7. **Adjournment:** This meeting was adjourned at 1:29 PM

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 05/15/2023

Members Present: Chris Pinter; Lindsey Hull; Carol Mills (P); Sharon Beals (P); Tracey Dore (P); Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Maribeth Leonard (P-12 arrival)

Members Absent:

MSHN Staff Present: Joseph Sedlock; Amanda Ittner;

Agenda Item		Action Required			
CONSENT AGENDA	Pg 9 – Minutes of PIHP meeting to clarify 988/MiCAL readiness				
	No other discussion	By Who	N/A	By When	N/A
2023-03 Regional Savings Estimates	<p>L. Thomas reviewed the savings estimates for March 2023. Overspending in Medicaid/Autism – 41m Underspending in HMP – 30m Overall contributions to savings is very low; 3.4m contribution to savings from all funding sources Concern with the direction of regional finances, especially Medicaid at this time. CCBHC PPS-1 has increased and pulling more funds from regular Medicaid CAP FY23 Amended Rates could also be a concern for future funding Any ideas of why the increase in cost:</p> <ul style="list-style-type: none"> • GIHN – add'l residential home fully occupied • CMHCM – CLS and specialized residential • Crisis Staffing Money being pushed out • Increase in Acuity • BABH – Inpatient services, Residential, CLS <p>Finance Council has been discussing the increased cost and expected reduced revenue; they will be reviewing local expenditures Increased transportation costs</p>				
	Regional CMHSP Partners asked to engage in a closer watch on current budgets/expenditures; direction region is headed is concerning. May need to develop a regional strategy and/or regional cost containment plans.	By Who	CEO's/CFO's	By When	Ongoing
Operating Agreement/Local Funds Discussion (Continued)	<p>L. Thomas reviewed the changes and edits as discussed from the last operations council meeting. Saginaw is supportive of this proposal BABH understands the local use for OHH; not in favor of others but could support it</p>				

Agenda Item	Action Required				
	CMHCM would be in favor of keeping interest as is with no change; PIHP should cover cost for BHH; PBIP okay with 7.5% total reserve; Concern about what is MSHN need for local; MSHN wants to invest in SUD network development, value based purchasing arrangements Consideration of OHH distribution of local				
	Review language and try to mimic ISF language from the MDHHS instructions Provide bold and strike in the operating agreement	By Who	Leslie/Joe	By When	6.10.23
Update on PCP Ranges	J. Sedlock provided an update on PCP Ranges finding from MDHHS. Health Law Partners requesting CMS law/regulations regarding ranges and asking them to respond in writing.				
	Informational	By Who	N/A	By When	N/A
CCBHC Expansion; Planning and Improvement Grants	A. Ittner reviewed the current SAMHSA CCBHC Grant opportunities and the announcement by the State to expand CCBHC. <ul style="list-style-type: none"> • BABH – applying for FY24 • CMHCM – FY24 SAMHSA planning grant, current BHH • CEI – participating in CCBHC already • HBH – no intent and next round BHH • GIHN – no intent and next BHH • LifeWays – FY24 State Expansion • Montcalm – focus on BHH no intent now for CCBHC • Newaygo – may not go forward but possible, focus on BHH • Saginaw – participating already with both BHH and CCBHC • SHIA – no plans for CCBHC, working on BHH • TRD – Working on BHH, • TBHS – no plans for CCBHC 				
	Discussion and planning	By Who	N/A	By When	N/A
Conflict Free Access and Planning Resolution	J. Sedlock shared the resolution drafted for the MSHN Board to review as requested by them after the Strategic Planning.				
	Informational; Regional partners may use MSHN Board resolution as they wish. Executive Committee will consider 5/19.	By Who	N/A	By When	N/A

Agenda Item	Action Required				
<p>Children’s Access Issues</p>	<p>S. Laurie requested this topic be added to the agenda to discuss the work done by ??? and reports to the legislatures about parents that are very dissatisfied. The report was forwarded to senator’s office and then to MDHHS asking for investigation. On Friday, Sara received the report about Eaton and Ingham County.</p>				
	<p>CMHs should respond that the PIHP will draft a regional response. CMHs will copy Joe and Todd</p>	<p>By Who</p>	<p>CMHs/J. Sedlock</p>	<p>By When</p>	<p>6.1.23</p>

REGIONAL OPERATIONS COUNCIL/CEO MEETING

Key Decisions and Required Action

Date: 06/12/2023

Members Present: Chris Pinter; Lindsey Hull; Maribeth Leonard; Carol Mills; Sharon Beals; Tammy Warner; Bryan Krogman; Sandy Lindsey

Members Absent: Sara Lurie; Tracey Dore; Michelle Stillwagon; Kerry Possehn

MSHN Staff Present: Joseph Sedlock; Amanda Ittner; For applicable areas: Leslie Thomas, Todd Lewicki

Agenda Item	Action Required			
CONSENT AGENDA	J. Sedlock asked for any discussion or questions on the consent agenda			
	No items removed for discussion	By Who	N/A	By When
Operating Agreement/Local Funds Discussion	<p>J. Sedlock reviewed the recommendation from last month to include revised local language in the Operating Agreement.</p> <p>Comments/Discussion:</p> <ul style="list-style-type: none"> • No local funds requirement for the PIHP • No local reserve for the PIHP to cover disallowments, overages on PIHP cost for HH initiatives, SUD Block Grant reductions • Consider where the risk is at, PIHP or CMHSP • Consider if a disallowments occurs, then MSHN could go to Ops to consider coverage of it – would need language to include compelling CMHSPs to cover PIHP uncovered obligations • Consider how the overage and disallowments would be covered, ie. By all CMHs or those applicable (HH) • Consider SUD provider risk in OHH – disallowments for recoupments • Consider annual request each year by MSHN from CMHs for local funding • Cash flow for provider and admin processing should be considered as well • Consider waiting for yearend estimates • PBIP – consider annual dollar amount of request for SUD provider system • 13 Boards will need to approve any changes to the Operating Agreement • 4.1.2.2 – Possible to adjust language here • Largest concern is OHH • Concern with OHH not having history <p>4.1.4.1 Interest Earnings</p> <p>CMHCM – Recommends no changes to the interest allocation</p> <p>Newaygo - Recommends no changes to the interest allocation</p> <p>BABH – Votes no on all recommendations</p> <p>MCN – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests</p>			
<ul style="list-style-type: none"> • Finalization and Support Straw Poll 				

Agenda Item	Action Required				
	<p>Saginaw – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests Shiaw – Supports the PBIP allocation for SUD providers to allow some flexibility and not having annual requests TBHS – Votes no on all recommendations based on the board indicating there isn’t an immediate need LifeWays –</p> <p>Recommendation after discussion for consideration: For PBIP only, MSHN is part of the allocation. At year end cost settlement, if not utilized/needed, then the balance is distributed back to the CMHSPs or with timing it may be used as the actual number to distribute. MSHN to use for cost overruns, recoupment, incentives, etc.</p> <p>CEI, HBH, GIHN and TRD not in attendance for input</p> <p>Agreement to separate out the local allocations from the assurance of the stability of the PIHP.</p>				
	MSHN will develop alternate language for a simpler process for annual reconciliation related to annual process and language binding CMHSPs to cover PIHP unmet obligations	By Who	J. Sedlock	By When	7.10.23
<p>CBHO Report</p> <ul style="list-style-type: none"> • 1915i WSA Enrollment Update • CFAP Workgroup Update • Child Welfare Review Update 	<p>T. Lewicki reviewed the updates included in the packet.</p> <ul style="list-style-type: none"> • MSHN is behind in 1915i WSA enrollment – requesting CEO awareness and support to move this forward • CFAP - 4 options being worked on within the group testing 3 scenarios; next meeting on 6.26 to finish the last scenario; estimating at the July meeting to recommend 1 of the 4 options. Any discussion of the rural exemption? – not at this time; MSHN can take this back to the group • Child Welfare Clinical Review requests – See handout, informational to CEOs to ensure they understand the requests are coming from a state department. CLC will be discussing how they can develop a standard process for this and contact individuals, plus use of CRM. Discuss with the state how they organize the meeting and use of CRM? 				
	Informational and discussion	By Who	CMHSPs	By When	7.10.23
<p>Network Adequacy Addendum Report</p>	<p>A. Ittner reviewed the FY22 Amendment report for the NAA which was a follow up from the FY21 NAA MDHHS review submitted and due on 5.31.23. Included is the updated grid by CMHSP (from CLC) – required to ensure NAA by each CMHSP to include all services. For SUD, we needed to ensure all ASAM levels of care availability. We also included updates on the recommendations from the FY22 assessment. Beginning in October, MSHN will be working with TDB Solutions to update the time and distance standards again with the geomapping based on Medicaid eligibles.</p>				

Agenda Item	Action Required				
	Next Steps: MSHN will continue to work with council/committees to follow up on the recommendations.				
	Informational Only – No further feedback from Ops	By Who	N/A	By When	N/A
Office Based SUD Treatment Proposed Policy	A listening session was held today with MDHHS. Deadline for public comment is July 15 MSHN already submitted questions and comments.				
	MSHN will share our feedback with the CMHs.	By Who	J. Sedlock	By When	6.15.23

POLICIES AND PROCEDURE MANUAL

Chapter:	Finance		
Section:	Travel		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 02.04.2014 Review Date: 05.04.2021+01.2023 Revision Eff. Date: 07.07.2020	Related Policies: Financial Management

Purpose

Mid-State Health Network (MSHN) recognizes that employees, students, volunteers and Board members may be required to travel on behalf of MSHN. It is the intent of MSHN to provide for the reasonable expenses associated with that travel.

Policy

It is the policy of Mid-State Health Network (MSHN) that all reasonable expenses for official travel will be reimbursed in accordance with State and Federal laws and the guidelines set forth below. It is recognized that exceptions are on occasion, necessary. Such exceptions shall be approved, in advance, when possible, by the Chief Executive Officer (CEO).

- A. All ~~individuals-employees~~ are required to drive their own automobile in the course of their employment. Employees will be reimbursed at IRS Mileage Rate. Mileage will generally be computed from the employee’s “official station” (OS) if within the State of Michigan and shall be based on MapQuest-Google Maps calculations. ~~No transportation cost will be allowed between an employee’s residence and the OS. When an employee originates work at a location other than their OS, mileage shall be reimbursed if the difference to the destination is greater than the distance to the OS. Reimbursement shall be based on the “lesser rule” in calculating the difference from travel to the OS. If the OS is outside of the State of Michigan, the MSHN Office is designated as the OS for purposes of calculating business mileage. In addition-Employees will not be reimbursed for mileage to MSHN’s office or other company designated locations for -internal meetings-, and-internal trainings, or other MSHN office-based activities¹.~~ The OS of a Board member or volunteer is determined to be their home (provided it is in the State of Michigan) and reimbursement shall be calculated ~~form~~ from that starting location.
- B. Should employees/Board members/volunteers attend pre-authorized meetings, conference, conventions, or seminars on behalf of MSHN, the following shall apply:
 1. Travel by private automobile shall be reimbursed at the IRS mileage rate, provided reimbursement shall not exceed tourist air fare, plus an allowance to and from the airport.
 2. ~~If~~ Any business travel outside of the State of Michigan requires prior CEO or Deputy Director approval. Travel within the State of Michigan for paid conferences, conventions, or seminars must be approved by the Director or Chief within the employees’-employees’ reporting line. Administrators may approve travel vouchers. If travel is by common carrier, tourist fare will be reimbursed if receipts have been retained and submitted with the expense report.
 3. Reimbursement for meals plus tip will be allowed while traveling out-of-town to/from or at the place of any meeting, conference, seminar, or convention not to exceed the daily amount established the Internal Revenue Service (IRS). Meals for internal departmental meetings are not covered unless prior approval is given by the CEO. Such allowance shall be on a “per meal” basis and are not to exceed three in one day. Detailed receipts are required to be reimbursed (Credit slips not

¹ Travel to/from the official station of the employee to the Lansing, Michigan area for official business not conducted at the MSHN offices (including but not limited to provider site visits, board meetings, events involving the State of Michigan or other stakeholders, and trainings) will be paid per the terms of this policy.

detailing items purchased are not acceptable). Claims for reimbursement of conference expenses (other than mileage and meals) must be supported with adequate documentation (receipts) for reimbursement to be made. Documentation must include proof of payment: detailed credit card statement; original receipt from conference stating amount paid; or copy of personal check with registration documentation.

4. Tolls and telephone expense will be reimbursed when it is necessary as part of the trip on behalf of MSHN; taxi fare ([or available alternatives, such as Lyft or Uber](#)) is reimbursable only if the trip was made ~~by common carrier~~ [for business purposes](#).
5. Parking fees during the conference, convention, seminar, or meeting will be reimbursed if receipts are retained and submitted with the expense report.
6. ~~Lodging costs and incidental expenses for overnight stays in the Greater Lansing Area are not are permitted unless an exception is authorized by the Chief Executive Officer or designee. However, employees who have a good reason for an exception are encouraged to seek initial approval from their immediate supervisor, who will then forward the request to the CEO (or designee) indicating their rationale for support for an exception for external conferences and trainings that are at least two consecutive days.~~
- C. Expense reports shall be submitted to the Chief Financial Officer (CFO) for payment after the appropriate Supervisor approvals and following the convention, conference, seminar, or meeting attended by the employee. A short explanation of each expense must accompany the expense report, along with receipts.
- D. Expense Not Reimbursed: MSHN does not reimburse expenses which are not pertinent to required travel unless specific advanced approval has been obtained in writing from the CEO and may include but is not limited to.
 1. [Expenses associated with the spouse or family member who may be travelling with the MSHN representative.](#) ~~Mileage from the employee's home to and from work.~~
 2. Expenses associated with speeding or parking violations.
 3. ~~Alcoholic beverages.~~
 - 3.4. [State tax \(where MSHN is exempt from tax\)](#)
- E. Expense submitted greater than 60 days: All reimbursement requests must be submitted within 60 days of the travel expense being incurred. Per the IRS Publication 463, "Travel, Entertainment, Gift, and Car Expenses," employees must adequately account to MSHN for travel expenses within a reasonable period of time or the amount may become taxable. A reasonable period of time is defined as adequately accounting for your expenses within 60 days of them being incurred. Any reimbursement requests submitted after 60 days require approval of the Chief Executive Officer.

Applies to:

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

Definitions:

CEO: Chief Executive Officer
CFO: Chief Financial Officer
CMHSP: Community Mental Health Service Program
IRS: Internal Revenue Service
MSHN: [Mid-State Health Network](#)

~~Lesser Rule: When travel from an employee’s home to an alternate work location, or from an alternate location to home, transportation expenses must be reimbursed at the current mileage rate using the lesser of:~~

- ~~1) Mileage between the employee’s home and the alternate work location, or~~
- ~~2) Mileage between the Employee’s official station and the alternate work location.~~

~~Official Station (OS): An employee’s “official station” is the MSHN office located in Lansing, MI deemed their home address (as noted in most recent Remote Agreement) in the State of Michigan unless otherwise mandated by the CEO. Employees with official residences in other States will not be reimbursed for expenses associated with travel to and from Michigan. All other guidelines in this policy apply for expense reimbursement.~~ Some employees, with variable assignments, may have a daily OS assignment, which is defined based on their established work schedule. For the purpose of this policy, the OS for Board members or volunteers is the address provided on their employment forms (or home).

References/Legal Authority

IRS Mileage Rates: <http://www.irs.gov/Tax-Professionals/Standard-Mileage-Rates>

Change Log:

Date of Change	Description of Change	Responsible Party
02.04.2014	New policy	Chief Financial Officer
11.06.2015	Policy update	Chief Financial Officer
03.20.17	Policy update	Chief Financial Officer
03.2018	Policy update	Chief Financial Officer
03.2019	Annual Review	Chief Financial Officer
02.2020	Added Lansing Area Lodging	Chief Financial Officer
01.2021	Biennial Review	Chief Financial Officer
<u>01.2023</u>	<u>Policy Update</u>	<u>Chief Financial Officer</u>

POLICIES AND PROCEDURES MANUAL

Chapter:	Finance		
Section:	Procurement Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 4	Review Cycle: Biennial Author: Chief Financial Officer	Adopted Date: 09.02.2014 Review Date: 09.13.2022/01.2023 Revision Eff. Date:	Related Policies: Financial Management Cash Management

Purpose

To provide guidance to Mid-State Health Network (MSHN) staff involved in purchasing goods and services to assure:

- A. That the MSHN obtains the best possible price and terms for all goods and services;
- B. That a wide range of qualified vendors are notified of impending purchases;
- C. That specifications are not so needlessly complex or restrictive that they would exclude qualified vendors; and
- D. That staff are encouraged to exercise discretion in the purchasing process.

Policy

- A. Oversight and Supervision of the Purchasing Process Shall be as Follows:
 1. **\$0.00 -- \$1,999:** Purchase of goods or services valued within this range may be purchased without written cost quotations or proposals. The responsible staff person shall solicit verbal quotations and submit to the Chief-level administrative officer in their reporting line. If approved by the Chief, documentation should be sent to the Chief Financial Officer who will authorize the purchase to be made from the vendor best able to provide necessary goods or services based upon price, availability of goods, and delivery schedule.
 2. **\$2,000 -- \$24,999:** Purchase of goods or services valued within this range shall be preceded by the solicitation of written cost proposals (or estimates), submitted to the Chief-level administrative officer in their reporting line, and if approved, sent to the Chief Financial Officer. The Chief Financial Officer shall develop a written recommendation based on written documentation and present to the Chief Executive Officer for approval. The reasons for all purchases made where the low-cost proposal is not accepted shall be clearly documented. Approved purchases shall be made from the vendor best able to provide the necessary goods or services with price being the primary consideration. The Chief Financial Officer will forward all pertinent documentation for inclusion in the accounts payable file.
 3. **\$25,000 and higher:** Purchase of goods or services valued within this range shall be preceded by the solicitation of cost proposals as described in the Procedure: Procurement through formal procurement process (such as, but not necessarily limited to requests for quote, requests for information, or requests for proposals). Agency procedures for these processes shall be followed as noted in the SUD Direct Service Procurement Policy and Procurement Through Request For Proposal Procedure. The purchase shall be made from the vendor best able to provide the necessary goods or services with price being the primary consideration. The Chief-level Administrative Officer responsible for the purchase shall send all pertinent documentation and recommendations to the Chief Financial Officer. The Chief Financial Officer shall develop a written recommendation based on written documentation and present to the Chief Executive Officer for approval. The reasons for all purchases made where the low-cost proposal is not accepted shall be clearly documented. Once approved by the CEO, the Chief Financial Officer, with assistance from the Chief-level administrative officer responsible for the purchase, will prepare a Board Background and Motion (BB&M) containing sufficient background information and underlying rationale to support the purchase recommendation to the Board of Directors.

Items or services previously approved by the Board shall be brought back to the Board for review and approval if there is a dollar amount variance from the original BB&M of more than \$10,000.

Exceptions:

1. Properties/facilities and maintenance purchases shall be bid out when the annualized or per item cost/value exceeds \$10,000.
2. Computer Hardware and Software: The purchase of computer items or services valued less than \$5,000 shall not be subject to this policy / procedure. The purchase may be approved when, in the judgment of the Chief Information Officer (CIO), the purchase is made from the vendor best able to provide necessary goods or services based upon price, availability of goods, and delivery schedule. The Chief Financial Officer must approve the purchase or purchase arrangement.
3. Computer Services: The purchase of computer services valued less than \$20,000 may be approved by the Chief Information Officer after consultation with the Chief Financial Officer, when the provider of that service has already been selected to provide similar services within the previous 24 months via a documented bid or cost comparison process. Such approval may be made when, in the judgment of the CIO, the vendor continues to be best able to provide necessary services based upon price, performance and schedule.
4. Computer Hardware and Software and Employee/Physician Insurances: Purchases of \$25,000 and higher may not be required to adhere to formal procurement process if the responsible Administrative Officer determines a solicitation of cost proposals is more appropriate.
5. Clinical services and/or supports including Substance Use Disorder (SUD) services are excluded from this policy as these procurements are governed by MSHN's SUD Direct Service Procurement Policy.
 6. The services sought are professional services of limited quantity or short duration (e.g. Psychological testing);
 7. Through the person-centered planning process, the consumer has chosen a qualified non-network provider as his/her provider of choice.
 8. Where, for purposes of continuity of care, an existing qualified network provider or provider panel may be selected to provide a service.
- 9.

Exclusions:

1. The purchase of food and consumable supplies.
 2. Goods or service contracts entered under, or based upon, the State of Michigan MI Deal program or the US Federal Government's GSA program(s).
- B. Staff shall obtain cost proposals from qualified vendors for goods and services specified in this policy. Proposals may be obtained by means of direct solicitation or by advertising through professional periodicals, or otherwise appropriate publications with the express purpose of notifying a wide range of vendors. The use of direct solicitation or published advertisements to affect an efficient and expeditious vendor response shall be left to the discretion of the Chief-level administrative officer with responsibility for department making the purchase, in consultation with the Chief Financial Officer if/as needed. Generally, the receipt of at least three cost proposals shall be required prior to authorizing a purchase, however, the receipt of fewer proposals shall be acceptable, provided that a reasonable staff effort and solicitation process is documented and approved by the Chief Financial Officer.
- C. MSHN's finance department may maintain a list of qualified vendors for solicitation purposes for routine or regular purchases. This list may be developed from a variety of sources, including vendor requests, professional or trade organizations, and past MSHN experience. The qualification of vendors may include verifying appropriate insurances, licensure, past performance based upon written recommendations and comments from previous customers, and the vendor's size and experience relative to MSHN's project and needs.
- D. When used, MSHN Chief-level administrative officer shall develop specifications for cost proposals that are sufficiently complete so that all vendors provide quotations that are comparable.

Specifications shall not be designed to favor a particular brand or type of product, or to exclude a particular vendor, without good cause. Good cause for narrow or restrictive specifications may include, but is not limited to, compatibility with existing systems or equipment, particular or specific needs of MSHN that few vendors are capable of fulfilling, professional or technical judgment of MSHN staff, and previous MSHN experience with vendors of products. The reasons for restrictive or narrow specifications must be clearly defined and filed with all other cost and proposal documents. Staff may be authorized make purchases without obtaining cost proposals, if only one vendor or product exists, or if proposals for identified products were received within the past twelve (12) months. The Chief Financial Officer shall approve all written specifications prior to release.

- E. Staff shall maintain records sufficient to detail the significant history of a procurement decision. These records shall include, but are not limited to, information pertinent to the rationale for the method of provider selection or rejection and the basis for the cost or price. The files shall be maintained with MSHN's Finance department.
- F. It is the responsibility of the Chief-level administrative officer to confirm with the Chief Financial Officer or designee that funds have been allocated and are available prior to the purchase.
- G. All audits required by MSHN shall be obtained by direct solicitation or by advertising, which shall adhere to the principles stated herein. The length of the initial audit period shall not exceed three years. The CFO shall approve the audit specifications and proposal process. All responses to audit cost proposals shall be reviewed and approved by the Chief Executive officer and by the Board of Directors. MSHN may authorize staff to extend audit services beyond the original audit period without soliciting additional cost proposals, provided that any extensions do not exceed three (3) years. The cost for any extension may be negotiated at the time the extension is authorized.
- H. Sole Source Exceptions: Under certain circumstances, the agency may contract with vendors or providers through single-source procurement without executing a competitive bid process. These circumstances may include any one or more of the following:
 - 1. The goods or services are available only from a single source;
 - 2. There is an urgent or emergent need for the goods or service;
 - 3. After solicitation through a number of sources, there is a lack of qualified provider candidates;
 - 4. The goods or services sought are unique or highly specialized;
 - 5. The services sought are professional services of limited quantity or short duration (e.g. Psychological testing);
 - 6. Through the person-centered planning process, the consumer has chosen a qualified non-network provider as his/her provider of choice.
 - ~~6.7.~~ Resource outputs associated with potential gain of multi-source procurement are considered excessive, unreasonable, or cost prohibitive.

Single Source exceptions must be documented in writing and filed with the provider contract file (or accounts payable files) prior to execution of contract or expenditures of funds to complete the purchase.

- I. For the purchases funded with federal funds, the MSHN shall be in compliance with requirements of the Davis-Bacon Act, the Copeland "Anti-Kickback" Act, and the Contract Work Hours and Safety Standards Act.
- J. MSHN funds may not be utilized for the purchase of alcohol or tobacco products.

Applies to:

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

Definitions:

Administrative Officer: MSHN officer of administrative services (Chief Executive Officer, Deputy Directory, Chief Financial Officer, Chief Information Officer, Chief Clinical Officer)

BB&M: Board of Directors' Background and Motion

CEO: Chief Executive Officer

CFO: Chief Financial Officer

CIO: Chief Information Officer

CMHSP: Community Mental Health Service Program

GSA: General Services Administration; The executive agency responsible for supervising and directing the disposal of surplus personal property

MI Deal: Extended purchasing program which allows Michigan local units of government to use state contracts to buy goods and services

MSHN: Mid-State Health Network

RFP: Request for Proposal

References/Legal Authority

2 CFR 200; Subpart D; Sections 318 through 326

Michigan Department of Health and Human Services Contract for Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program(s), the Healthy Michigan Program, and Substance Use Disorder Community Grant Programs – Procurement Technical Requirement

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
09.2014	New Policy	Chief Financial Officer
11.2015	Annual Review	Chief Financial Officer
03.20.17	Policy Update	Chief Financial Officer
03.2018	Annual Review	Chief Financial Officer
03.2019	Policy Update	Chief Financial Officer
01.2021	Biennial Review	Chief Financial Officer
06.2022	Policy Update	Chief Executive Officer
<u>01.2023</u>	<u>Biennial Review</u>	<u>Chief Financial Officer</u>
<u>05.2023</u>	<u>Policy Update</u>	<u>Chief Financial Officer</u>

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Employee Compensation Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Annually <u>Biennial</u> Author: Deputy Director	Adopted Date: 11.04.2014 Review Date: 07.6.2021	Related Policies: Personnel Manual Position Management

Purpose

This policy is established to provide guidelines for compensating all Mid-State Health Network (MSHN) direct employed positions.

Policy

- A. Objective: It is a MSHN objective to have a total compensation program that enables the organization to attract, retain, and motivate the number of high-caliber employees needed to achieve the organization's objectives as cost effectively as possible. Thus, the total compensation is intended to:
 - a. Provide for equitable fair treatment of all employees;
 - b. Be efficient to administer;
 - c. Be easy to understand and communicate; and
 - d. Comply with all applicable laws and regulations.
- B. Strategy: To accomplish its objective, MSHN has adopted specific compensation program goals to:
 - 1. Provide base compensation at or near the market median;
 - 2. Provide a total compensation program (including pay and benefits) that attracts and retains the qualified staff needed to accomplish our mission;
 - 3. Provide suitable working conditions that promotes high degree of morale and job satisfaction. (including in office items such -as coffee/tea/bottled water/snack items)- MSHN will also supply a refrigerator, microwave and paper/plastic goods for employee use during break and meal periods while in office.
- ~~C. Accountabilities:

 - 1. Employees are responsible for collaborating with management with the operation, compliance and updating of the compensation program;~~
- D. Position Descriptions: MSHN maintains a job description for each of its ~~direct~~ employed positions.
- E. Position Titles: The Deputy Director will work with the Chief Executive Officer (CEO) to develop the appropriate job title for a new or changed position. Effort shall be made to assure position titles and descriptions are comparative to industry norms so compensation levels can be reasonably compared.
- F. Position Evaluations: Position evaluation is the process by which MSHN determines the relative value to be placed on various jobs within the organization through their placement within the pay structure.
- G. Salary Grade Assignments:
 - 1. The Deputy Director shall evaluate any newly created job before the recruitment process begins.
 - 2. The ~~MSHN~~ CEO shall review and approve all grade assignments. New employees may be placed in a salary grade at the discretion of the CEO commensurate with their level of education and experience.

- H. Pay Increases: Pay increases are intended to keep **MSHN** pay levels competitive to the marketplace. To do so, **MSHN**-employees may receive two (2) types of pay increases depending on their pay rate, the competitive market conditions, and the availability of resources. A **general market** increase may be granted when pay ranges are adjusted to keep them competitive with the market. The other type of pay increase is a “step” increase, that is based on the length of time an employee is in a job classification.
- I. Communication: All employees will receive general information regarding the administration of the compensation program, and will be informed of changes to program components, as appropriate.
- J. Periodic Review: Mid-State Health Network shall procure a market salary study not less than once every three years and will adjust salary scales based on the evidence accumulated in the market salary study for all positions.

Applies to:

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

Definitions:

CEO: Chief Executive Officer
[MSHN: Mid-State Health Network](#)

Other Related Materials:

Human Resources: Employee Compensation Procedure

References/Legal Authority:

Fair Labor Standards Act

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Finance Officer
11.2015	Annual Review/Update	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
02.2023	Biennial Review	Deputy Director

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Performance Evaluation Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 1	Review Cycle: <u>Annually</u> Biennial Author: Deputy Director	Adopted Date: 01.05.2016 Review Date: 7.4.2021	Related Policies: MSHN Personnel Manual

Purpose

The Mid-State Health Network (MSHN) Performance Evaluation Policy exists to periodically record essential information concerning the performance level, strengths/weaknesses, and annual goals of an employee in relation to career development, including potential for advancement and suitability for other jobs and training.

The policy also serves to assist management in making thorough, objective and factual appraisals of the performance of employees under his/her supervision; to assist management in achieving maximum utilization of all human resources; and to motivate each employee to seek ways to improve performance where needed, and to enhance overall employee relations.

Policy

It is the policy of MSHN to utilize a performance evaluation system to maximize employee’s overall job performance and professional development.

Applies to

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

Definitions

MSHN: Mid-State Health Network

Other Related Materials

- MSHN Employee Self Evaluation - Template
- MSHN Employer Evaluation - Template

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
10.2015	New Policy	Amanda Horgan
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
<u>02.2023</u>	<u>Biennial Review</u>	<u>Deputy Director</u>



Personnel Manual

The distribution and use of this handbook should not be considered as altering the employment-at-will relationship between Mid-State Health Network and its employees.

Mid-State Health Network, 530 W. Ionia, Suite F, Lansing, MI 48933
517.253.7525

Board Approved: 07.2021-2023

MSHN Employee Policies and Procedures

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Introduction: This MSHN personnel manual is predicated on the agency's operating philosophy as outlined in its Operating Agreement:

"The Entity is dedicated to ensuring that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Participant operates. The Entity will foster each CMHSP Participants' integration activities and locally driven work. The organization and operation of the Entity is based on a shared operating structure, using a committee-based system that creates many venues, allowing voices from across the region to be heard. It establishes certain checks and balances to ensure that governance remains balanced and equal, and that the operation of the Entity is for service to the CMHSP Participants in achieving high levels of regulatory compliance, quality of service, and fiscal integrity. In these ways, the Entity exists to serve in the best interest of and to the benefit of all CMHSP Participants and their consumers."

MSHN is also responsible for integrating the service needs of the region's citizens in relation to substance abuse prevention and treatment and administering public policy and systems to manage and coordinate these services. Accordingly, MSHN endeavors to include these perspectives in its operations and governance.

And, in accordance with the Entity's stated vision:

"To continually improve community well-being/wellness through the provision of premiere behavioral health care and leadership in the coordination of a network of community partnerships essential to address the multiple needs for quality of life and the reduction of per capita costs, with priority focused on the most vulnerable citizens."

Purpose: The Mid-State Health Network (MSHN) Personnel Manual is designed to acquaint employees with policies and procedures which may affect their employment. The manual addresses issues-topics pertaining to such things as employee benefits, working conditions, and other provisions with which employees should become aware. The manual outlines employee responsibilities and describes the programs developed by MSHN, which will benefit all employees.

This Personnel Manual and the policies within it along with other human resources policies and procedures, apply to employees of MSHN exclusively and are not meant for employees from any other company, firm, or entity. Similarly, any other manual developed for another client or division of MSHN will not be understood or interpreted to apply to

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employees of MSHN. The manual is not intended to cover Board members, independent contractors or compensated individuals appointed to standing councils or committees regardless of the compensation status or method.

This handbook is not meant to encompass every situation, it is every employee's responsibility to understand and follow the items in the manual, to ask questions to management if they do not understand any part of this handbook and to exercise sound judgement when applying the principals of this handbook to various workplace situations. No Personnel Manual can predict or anticipate every circumstance for which a policy has been developed. As MSHN continues to evolve, the need may arise to change or alter policies described herein. The interpretation and operation of the policies or benefits noted herein are within the sole discretion of MSHN. Therefore, MSHN reserves the right to revise, supplement, or rescind any policies, benefits, or portions of the manual it deems appropriate. A change of any kind is in the sole discretion of MSHN, and every effort will be made to notify employees of such changes as they may occur. This manual should not be construed as creating a contract between the MSHN and any of the applicable employees.

It is each employee's responsibility to be aware of any change. In no case and under no circumstances will future changes or practices affect the status of at-will employees of MSHN.

In order to encourage an efficient and professional work environment which serves our stakeholders' needs, MSHN follows the policies and procedures outlined herein [and other policies and procedures posted on the MSHN website](#).

Employee Arrangement

MSHN uses a Professional Employer Organization (PEO) to support human resource functions. The PEO administers new employee records compliance, benefits procurement and administration, and provides payroll administration. The PEO supports compliance with state and federal labor relations and wage and hour laws. While contact with the Deputy Director and/or the Chief Executive Officer for any employment or personnel matter is encouraged, the PEO may serve as an additional point of contact for employees seeking assistance as outlined in the manual; and for policy development and administration including but not limited to Legal Assurances, Non-Discrimination, Accommodation, Confidentiality, Recipient Rights, Corporate Compliance, Reporting Illegal and Unethical Activity, Anti-Harassment/Bullying (Sexual Harassment, Other Harassment, Non-Retaliation), Social Security Number Privacy Act, Hatch Act, Whistleblower's Protection Act, and Immigration Law Compliance.

The Professional Employer Organization (PEO) used by MSHN is: CoStaff [Human-National](#) Services, - 1-800-4-COSTAF

Standard Employment Practices

At-Will Employee: At-Will Employment means that the employee or MSHN may decide to terminate an individual's employment at any time, with or without reason, and with or without notice. Since all MSHN employment relationships are at-will, no contract or promise of continued employment, either verbal or implied, is created now or at any time during employment. As such, no employment contract is or can be created unless or until MSHN and the employee expressly agree to an alternative to an at-will status and formalize such terms by a written agreement authorized by the MSHN Board and signed by the MSHN Chief Executive Officer.

Equal Employment Practices: MSHN is committed to providing equal employment opportunities to all individuals without regard to race, color, religion, sex (including gender identity [or- expression](#), sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law. MSHN follows Federal Equal Opportunity Laws, including the Americans with Disabilities Act, the Equal Pay Act, Title VII, and the Age Discrimination in Employment Act. MSHN's policy of equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, compensation, training, promotion, discipline, and termination.

MSHN does not discriminate against qualified applicants or employees who, with or without a reasonable

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accommodation, can perform the essential functions of the job. MSHN will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in an undue hardship. An employee with a disability for which a reasonable accommodation is needed should contact the Deputy Director (as the HR representative) to discuss possible solutions. If the employee is not able to resolve the matter with the Deputy Director, the employee should contact the CEO or the PEO. MSHN may require documentation to establish the need for an accommodation if an employee has a qualifying physical or mental disability that affects his or her job.

Employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of the Deputy Director (as the HR representative), the Chief Executive Officer, or the PEO. If the question or concern relates to alleged discrimination by the Deputy Director (as the HR representative) or if you feel uncomfortable discussing this with the Deputy Director, the concern should be taken to the CEO or the PEO. Employees can raise legitimate concerns, and make good faith reports, without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination or retaliation for voicing a concern will be subject to disciplinary action, up to and including discharge.

Drug and Alcohol Rehabilitation Accommodation: Mid-State Health Network will reasonably accommodate employees who wish to voluntarily participate in an alcohol or drug rehabilitation program, provided that the accommodation will not impose an undue hardship on the Agency.

A reasonable accommodation may include unpaid time off. If you have a serious health condition and are otherwise eligible, time off for alcohol and/or drug rehabilitation may also be covered by the Family and Medical Leave Act (FMLA). If so, the Agency will request approval and medical certification as it would for a FMLA leave request. You may use accrued sick days, if any, for all or part of the time spent in entering or participating in a rehabilitation program.

The Agency may discharge or refuse to hire an individual because of their current use of alcohol and/or drugs, because they are unable to perform their duties, or because they cannot perform their duties in a manner that would not endanger their own or another's health and safety.

Requests to participate in a rehabilitation program will be kept confidential. Direct all requests to participate in a rehabilitation program to Deputy Director or Chief Executive Officer.

The Agency will not retaliate against employees who request or obtain an accommodation in accordance with this policy.

Religious Accommodation: Mid-State Health Network is dedicated to treating its employees equally and with respect and recognizes the diversity of their religious beliefs. All employees, unpaid interns, and volunteers may request an accommodation when their religious beliefs cause a deviation from the Agency dress or grooming code, or the individual's schedule, basic job duties, or other aspects of employment. The Agency will consider the request, but reserves the right to offer its own accommodation to the extent permitted by law. Some, but not all, of the factors that the Agency will consider are cost, the effect that an accommodation will have on current established policies, and the burden on operations — including other employees — when determining a reasonable accommodation. At no time will the Agency question the validity of a person's belief. If you require a religious accommodation, speak with your supervisor or Deputy Director.

Diversity, Equity, and Inclusion (DEI) Statement of Purpose: Mid-State Health Network is committed to finding intentional ways to achieve better equity in our organization and in our region, to diversify our workforce, stakeholders, and service participants, to grow in our understanding and inclusion of all residents of Region 5, and to eliminate bias, discrimination, and health disparities in the healthcare services we exist to support.

DEI Values Statement:

Bias, discrimination, and exclusion take many forms, overt and insidious towards certain populations in our region and

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in American society that have historically been marginalized. There have been – and continue to be – public policies, prevalent attitudes, and community practices that institutionally disenfranchise people on these bases from full and equitable benefit from participation in community life, including healthcare and in particular behavioral health services and supports that Mid-State Health Network exists to provide. Bias, discrimination, and exclusion take many forms, overt and insidious.

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Mid-State Health Network is committed to finding intentional ways to diversify our workforce, stakeholders, and service participants, to grow in our understanding and inclusion of others, to eliminate bias and discrimination, and to achieve better equity in our organization, and in the specialty behavioral healthcare services we exist to provide.

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Mid-State Health Network will pursue these goals through a focus on learning from historically and currently disenfranchised communities, to intentionally change based on that learning, and to become intentionally better at improving diversity and inclusion, and through a critical examination of our policies and practices that may contribute to injustices, disparate access, and health disparities.

Our aim is to be more welcoming, inclusive, and equitable, through a comprehensive, inclusive, and diversity-engaging approach to resource access and allocation, and by systemically addressing the roots and consequences of social determinants of health – especially those that have been caused by public policies, prevalent attitudes, and/or community practices that marginalize, disregard, or discard the needs of entire populations or cultures in the communities we exist to serve.

Mid-State Health Network will lead by example. We will change the culture of discriminatory policies by understanding beneficiaries and changing our practices to eliminate health disparities. We know that a more equitable, more just, more inclusive, and more diverse effort will produce benefits for everyone.

What is required is equity, which means that people in this region are provided with the support they need – individually and as groups - to experience the benefit from public behavioral health supports and services that we exist to provide.

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Mid-State Health Network is committed to these principles and these actions.

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If an employee encounters any incident, either personally or by observation, that goes against this policy it is their responsibility to immediately notify the Deputy Director or the Chief Executive Officer.

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Sexual and Other Unlawful Harassment: MSHN will endeavor to maintain a work environment that nourishes respect for the dignity of each individual. This policy is adopted in furtherance of that commitment.

It is against the policies of MSHN for an employee to harass another person because of the person's sex, race, color, religion, national origin, age, disability, sexual orientation, marital status, or other characteristic protected by law. Actions, words, jokes, or comments based on such characteristics will not be tolerated. Consequently, it is against the policies of MSHN for an employee to sexually harass another person.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or environment.

Unlawful harassment can include, but is not limited to, epithets, slurs, jokes, pranks, comments, offensive or sexual written or graphic materials, obscene gestures, unwanted advances, physical touching, or threatening, hostile or intimidating acts.

All complaints of harassment will be promptly, thoroughly, and confidentially investigated to the greatest extent possible and, where necessary, appropriate corrective action will be taken. Any person found to have unlawfully harassed another

employee will be subject to appropriate disciplinary action, up to and including discharge.

Any employee who believes that he or she is being unlawfully harassed should immediately follow the complaint procedure outlined in the handbook.

Workplace Bullying: MSHN defines bullying as “inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates MSHN’s policies. MSHN is dedicated to providing a safe and non-threatening workplace for its employees, clients and contractors. Bullying is taken very seriously and will not be tolerated. Any act of bullying by or against an employee, customer, supplier, partner or visitor is strictly prohibited. This policy applies to all agency employees, whether on or off agency property. Bullying under this policy is defined as persistent, malicious, unwelcome, severe and pervasive mistreatment intended to intimidate and create risk to the health and safety of the employee, whether verbal, physical or otherwise, in the workplace and/or in the course of employment.

The purpose of this policy is to communicate to all employees, including supervisors, managers, and executives that MSHN will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including termination.

Bullying may be intentional or unintentional. Where an allegation of bullying is made, the intention of the alleged bully may be relevant, and may be given consideration when meting out discipline, as will the effect of the behavior upon the individual.

The following types of behavior are examples of bullying:

- Verbal Bullying: harassing, ridiculing or maligning a person or his/her family; persistent name calling which is hurtful, insulting or humiliating; using a person as a butt of jokes; abusive and offensive remarks.
- Physical Bullying: pushing; shoving; kicking; poking; tripping; assault, or threat of physical assault; damage to a person’s work area or property.
- Gesture Bullying: non-verbal threatening gestures, staring which can convey threatening messages.

Any employee who believes that he or she is being bullied should immediately follow the Harassment/Discrimination Complaint Procedure, as provided below.

Harassment/Discrimination Complaint Procedure: Any employee who, in good faith believes he or she has been subject to illegal discrimination or harassment prohibited by law, should immediately report that fact to the immediate supervisor, the Deputy Director, CEO or the PEO. If the alleged perpetrator is the CEO, the complaint should be filed with the PEO. If an employee observes or has knowledge of an incident of harassment involving other employees, they should immediately inform and file a written complaint in the same manner as noted above. If an employee has any questions regarding the reporting of such matters, they should contact the Deputy Director, CEO or the PEO. Upon notice, MSHN will promptly conduct an impartial investigation of any complaint or report of harassment. To the extent possible, MSHN’s investigation will be conducted in a manner calculated to protect the privacy of the individuals involved, and the confidentiality of the complainant. If the investigation reveals that harassment or discrimination has occurred, disciplinary action up to and including discharge will be taken. The nature of the discipline will depend upon the circumstances of each case. Upon completion of the investigation, the complainant will be notified of the conclusion of the investigation. Specific disciplinary actions, if applicable, will not be shared in order to protect the privacy of all individuals involved.

If a report of discrimination or harassment prohibited by law is made in good faith, MSHN will protect the reporting individual from retaliation or any other detrimental impact on his or her employment. Disciplinary action, up to and including discharge, will be taken into against anyone who attempts retaliation towards any individual involved as a witness or complainant. Employees who become aware of complaints or investigations of harassment are expected to

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refrain from unnecessary and unprofessional discussions with coworkers concerning the individuals involved; as such discussions may themselves be a form of retaliation.

Immigration Law Compliance: MSHN will only hire individuals who are authorized to work in the U.S under the Immigration Reform and Control Act of 1986. As a condition of employment, all new and past employees must complete the US I-9 Eligibility Verification form and present documentation establishing identity and employment eligibility complying with the I-9 rules and regulations.

Introductory Period: During the first ninety (90) days of employment, employees are in an “introductory period.” During this time, the CEO, through the direct supervisor, will continually review performance and compatibility with MSHN. Should an employee’s performance not meet the standards set forth as documented in MSHN’s policy and/or the employee’s job description, corrective action and supportive supervision shall be initiated, but if not corrected could lead to adverse employment action up to and including termination. Any significant absence will automatically extend an introductory period by the length of the absence. If MSHN determines that the designated introductory period does not allow sufficient time to thoroughly review the employee’s performance, the introductory period may be extended for a specified period. This introductory period shall not be deemed to in any way affect nor abrogate an employee’s status as an at-will employee.

Standards of Conduct: MSHN expects that all employees conduct themselves in a professional and ethical manner. An employee must not conduct business that is unethical in any way, nor should any employee influence other employees to act unethically. Furthermore, an employee must report any dishonest activities or damaging conduct to the Deputy Director, CEO or PEO.

Reporting Suspected Fraud or Illegal Activity: MSHN employees shall report any suspected or actual fraud, abuse or waste of any funds, including Medicaid funds, or other suspected illegal activity to the Compliance Officer.

In the event that an employee becomes aware or believes that another employee’s behavior or actions are inappropriate, illegal, problematic, or in any way inhibit or affect the organization’s or the employee’s performance or the MSHN’s work environment, the conduct or behavior should be reported to the Compliance Officer, Deputy Director, CEO or PEO.

All reasonable concerns shall be promptly, thoroughly, and confidentially investigated by MSHN and, where necessary, appropriate corrective action will be taken. Employees must not discuss such actions or behavior with others. Discussion about such matters may create an unacceptable work environment for which the involved employee will be held responsible and may be disciplined in accordance with MSHN’s disciplinary policy.

All employees are required to read and abide by MSHN policies, procedures and the Corporate Compliance Plan. These documents provide the framework for MSHN employees to comply with applicable laws, regulations and program requirements.

Personnel File: MSHN keeps personnel files for its employees. Medical records and credentialing records are kept separately from personnel records. Employees may view the contents of their personnel file by making a written request to the Deputy Director, CEO or PEO. No employee may alter or remove any document in his or her personnel file. If an employee believes any records or information in their general personnel file to be inaccurate, they may submit a written request to have the record corrected or, if denied, an employee response may be included in the personnel record in compliance with the *Bullard-Plawecki Employee Right to Know Act, MCL 423.501, et seq.*

General Policies and Procedures

Background Checks and Disclosing Certain Criminal Information: All employees, interns and volunteers shall fully disclose upon hire in the application and any event after hire to their supervisor, any criminal felony or work-related misdemeanor convictions. Any employees that work directly with minors or who will have access to minor’s records that are convicted of a felony or misdemeanor, including expressly any law relating to drugs or other controlled substances, or are charged with a felony, or are placed on the Child Protective Service (CPS) Central Registry as a

perpetrator, shall notify in writing their supervisor immediately, and in all cases, no later than five (5) days after such conviction, charge, or placement on the CPS Central Registry. An employee must disclose to the Employer any conviction resulting from such pending charges as described in this Section. However, as required by Federal regulation, employees working with minors must disclose any arrests or charges related to child sexual abuse, child abuse, or child neglect and the disposition of such arrest or charges and may also be required to certify that no case of child abuse or neglect has been substantiated against them. In every case, employees in positions that work directly with minors or who will have access to minor's records, shall undergo the background checks including drug testing, and, if they have not resided or lived in Michigan for each of the previous ten (10) years, they must also sign a waiver attesting to the fact that they have not been convicted of a felony or been identified as a perpetrator. The Employer may, at its cost, conduct a criminal history search periodically on all employees when required to ensure compliance with grants, licensing requirements, and performance standards.

Employment Applications: MSHN relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if that person has been hired, termination of employment.

Credentialing and Re-credentialing: In accordance with MSHN policy and the BHDCA Credentialing and Re-credentialing Process, health care professionals, as indicated in the Credentialing and Re-credentialing Process, who make clinical decisions impacting a consumer's care, must be credentialed upon hire and recredentialed at least every two years. At minimum, this includes Utilization Management ~~Staff~~Specialists, Director of Utilization and Care Management, ~~the~~Chief Clinical Officer, ~~the~~Chief Behavioral Health Officer, Director of Substance Use Disorder (SUD) Operations, nurses, and ~~the~~Medical Director(s). MSHN may recognize and accept the credentialing activities conducted by another entity; however, must maintain copies of the credentialing decision and primary source verifications in its credentialing records. MSHN position descriptions will identify staff which are required to be credentialed and recredentialed. Employment is contingent upon credentialing and recredentialing.

Minimum Qualifications: Some positions may require specific credential(s) as identified in the job description (e.g., QIDP, QMHP, MCBAP Certification, or professional license) but are not required to go through the credentialing or recredentialing process. Employment is contingent upon verification of required credential(s) and ongoing maintenance of required credential(s). MSHN may identify the need for one or more of its existing employees to obtain credentials and/or be credentialed. Where MSHN changes the credentialing requirements of a position or requires an existing employee to obtain a new credential required by MSHN, MSHN and the employee will develop a professional development plan to obtain the required credentialing within an agreed upon timeframe. Compensation for the newly required credential is in accordance with the *Reimbursement Policy for Credentials, Licensure and Memberships* Policy.

Orientation: ~~In accordance with federal law, both new employees and re-hires are required to provide documentation of identity and eligibility to work in the United States.~~ New employees will receive a copy of the Personnel Manual and will be given the time to read it and ask any clarifying questions of the CEO or the hiring supervisor. The signed copy of the "Acknowledgement & Receipt of Understanding" will be placed in the employee's personnel file. Employee orientation will also include review of MSHN policies and procedures and the new employees' job description.

Reporting Changes: Employees are responsible for promptly notifying the Deputy Director and the PEO of any change in their name, address, telephone number, marital status, citizenship, tax withholding allowances, emergency contact information, insurance beneficiary, or dependent insurance coverage. Accurate and correct information is vital for benefits, insurance records, and other MSHN files. MSHN, through its PEO, maintains an employee self-service portal for updating this type of information. MSHN encourages use of the employee self-service portal, but this is not a replacement for also notifying the Deputy Director.

Performance Reviews: The supervisors and employees are encouraged to discuss job performance, individual goals, and objectives on an informal, day to day basis. Additionally, MSHN endeavors to undertake employee performance reviews on a periodic basis set by MSHN. The reviews will focus on job-related strengths and weaknesses, as well as overall fit with the MSHN goals and objectives. Goals and improvement plans may be mapped out each review period and progress will be measured at the next review. It is the expectation of MSHN that performance reviews include an interactive discussion between a supervisor and employee which provides the opportunity for the employee to read and understand the written performance review, ask questions, and seek clarification. In general, supervisors should not present performance reviews or other documents to any employee for a signature without discussing the contents and providing an opportunity for the employee to review. If an employee disagrees with the written performance review prepared by the supervisor, the employee may submit a written response of the reasons for the reluctance/refusal to sign the performance review or other disagreement with the content. The written response will be attached to the review and filed in the employee's personnel file.

Job Classifications: Employees are classified by two major categories: "Exempt" and "Non-exempt." This manual applies to both Exempt and Non-Exempt employees.

1. Non-exempt employees are eligible to receive overtime pay in accordance with state and federal wage and hour laws. These employees are required to submit a timely and accurate time record for each pay period, approved by the appropriate supervisor, for the purpose of tracking hours worked and calculating compensation. Compensated paid time off is not considered hours worked for purposes of calculating overtime pay.
2. Exempt employees are generally salaried and fall into one or more of the following classifications: executive, professional, certain computer, or administrative personnel. These employees are exempt from the applicable provisions of state and federal wage and hour laws and are not entitled to overtime or compensatory time.

Exempt Employees are required to be paid on a "salary basis". Being paid on a "salary basis" means an employee regularly receives a predetermined amount of compensation each pay period on a weekly, or less frequent, basis. The predetermined amount cannot be reduced because of variations in the quality or quantity of the employee's work. Subject to exceptions listed below, an exempt employee must receive the full salary for any workweek in which the employee performs any work, regardless of the number of days or hours worked.

Deductions from pay are permissible when an exempt employee:

- Does not perform any work during a workweek;
- Is absent from work for one or more full days for personal reasons other than sickness or disability; or for absences of one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness;
- To offset amounts which employees receive as jury or witness fees or for military pay;
- For unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions of major significance, including but not limited to theft or violations of MSHN's harassment, drug and alcohol, safe workplace and workplace violence policies or such other work rule of major significance. This does not include merely performance issues such as absenteeism and tardiness;
- An employer is not required to pay the full salary in the initial or terminal week of employment; or
- For penalties imposed in good faith for infractions of safety rules of major significance; In these circumstances, either partial day or full day deductions may be made.

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MSHN prohibits any improper deductions from the salaries of exempt employees. Employees who believe that an improper deduction has been made to their salary, should immediately report this information to the CEO and PEO. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has

occurred, the employee will be promptly reimbursed for any improper deduction made.

Job Descriptions: MSHN employees shall be provided with a job description as part of new employee orientation. The job description shall outline qualifications, required skills, general responsibilities, and whether or not the individual is required to be credentialed and recertified. Job responsibilities will outline recovery-based, person-centered and culturally competent practices. Job qualifications will specify that lived experiences with behavioral health issues are desired. Job descriptions are examined and reissued annually as a part of the performance review process but subject to change and are not meant to be an exhaustive list of all -duties.

Expense Reimbursement: MSHN will reimburse employees for reasonable pre-approved business expenses. Reasonable expenses while traveling on agency business include travel fares, accommodations, meals, tips, telephone and fax charges, and purchases on behalf of the agency. Travel and expense reimbursement practices are outlined in MSHN Board approved policies and must be requested in accordance with approved procedures.

Personal Property: MSHN does not assume responsibility for any personal property located on its premises. Employees are to use their own discretion when choosing to bring personal property into the office and do so at their own risk. Additionally, employees may not bring or display in the office any property that may be viewed as inappropriate or offensive to others.

General Safety and Health Policies: Safety of MSHN employees and visitors, in our office, is of the utmost importance. Each employee is expected to work diligently to maintain safe and healthful working conditions, and to adhere to all practices and procedures designed to prevent injuries and illness. By working together and staying aware of our surroundings, we can achieve a safe and healthy environment. Each employee is responsible for being aware of best safety practices, thinking defensively, anticipating unsafe situations, and reporting unsafe conditions immediately.

In addition, employees should observe the following precautions:

- Notify the CEO and/or Deputy Director of any emergency situation. If employees are injured or become sick at work, no matter how slightly, they must inform their supervisor immediately. Failure to notify MSHN in a timely manner can lead to possible worker compensation disqualification.
- Employees should promptly notify the Deputy Director, before the beginning of the workday, of any medication they are taking that may cause drowsiness or other side effects that could lead to injury to the employee or their coworkers.
- Employees should use, adjust, and repair machines and equipment only if trained and qualified.
- Employees should get help when lifting or pushing heavy objects.
- If an employee is not sure of the safe procedure, they should ask appropriate staff for support or directions.
- Employees should know the locations, contents, and use of first aid and firefighting equipment.
- Employees should use personal protective equipment in accordance with the job being performed.
- Employees should report the need for repair or replacement of work materials or facilities as soon as discovered.
- Employees should avoid clutter that might cause accidents; materials and equipment should be stored safely and neatly.

MSHN reserves the right to request that an employee leave the premises if, in the employer's judgment, an injury or illness poses a direct threat to the health and safety of the employee or others in the workplace. Employees concerned about being infected with a serious disease by a coworker or other person should report such concern to the Deputy Director.

OSHA Compliance: Due to the potentially hazardous nature of any workplace, all MSHN employees are responsible for familiarity and compliance with Occupational Safety and Health Administration (OSHA), United States Environmental Protection Agency (EPA), and state regulations regarding infection control, job safety, and health protection. MSHN provides training and materials explaining the applicable standards and guidelines for all employees during the initial

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orientation and periodically, if applicable, when regulations are revised or added. All employees are required to participate, and a record will be maintained of all those in attendance. Missed meetings and training exercises must be made up within a reasonable time to avoid disciplinary action. ~~MSHN maintains a central file on Material Safety Data Sheets for all hazardous materials at MSHN by employees.~~

Workers Compensation: MSHN provides comprehensive workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. MSHN requires that all employees report job-related accidents or injuries to a supervisor immediately, whether the accident occurred on or off company premises. Failure to report an injury, regardless of how minor, could result in difficulty with the employee's claim. Once the injury is reported, the employee will be asked to complete an incident report and may be asked to go to the designated occupational health clinic. Once this occurs, MSHN will begin the accident investigation. After the accident investigation is complete, and MSHN accepts the employee's claim under workers' compensation, MSHN will pay reasonable medical and other expenses related to the employee's work injury. Neither MSHN nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participating in any off-duty recreational, social, or athletic activity sponsored by MSHN.

Benefits Continuation: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) applies to employers with 20 or more employees in the preceding year. COBRA gives eligible employees and their qualified beneficiaries the opportunity to continue health insurance coverage under MSHN's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

If eligible under COBRA, the employee or beneficiary pays the full cost of coverage at MSHN's group rates plus an administration fee. MSHN provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under MSHN's health insurance plan. The notice contains important information about the employee's rights and obligations.

Monitoring & Searches: All agency and personal property at the work site is subject to monitoring and review at all times. This includes, but is not limited to, desks, computers, phones, other containers and email files. Reasons for searches and reviews include, but are not limited to, personal abuse of agency property, theft or substance abuse investigation, and improper disclosure of confidential information.

~~MSHN retains the right to conduct searches at any time.~~ This includes the right to search assigned computers or files, even if protected by a password or other method of security. Any employee who attempts to obtain or alter a password for the purpose of accessing restricted files will be subject to disciplinary action, up to and including termination.

Office Security: Shortly after an employee's start date, he/she may be given a key and security code to gain access to the office. The last employee to leave the office is responsible for making certain that all doors and windows are locked, and secured and alarm system enabled.

Confidential Information: MSHN requires that employees do not disclose information held to be confidential by MSHN under the Health Insurance Portability and Accountability Act (HIPAA), the Michigan Mental Health Code, or other state/federal regulations. Social Security numbers should be collected only where required by federal and state law or as otherwise permitted by federal and state law for legitimate reasons consistent with this Privacy Policy.

MSHN is committed to protecting the privacy of the persons served through its provider network and shall strictly govern the disclosure of any information to anyone other than those authorized. Any employee who engages in unauthorized disclosure of confidential or protected information is subject to disciplinary action which may result in termination.

Documents containing Social Security numbers are to be stored in locked, secure areas. Social Security numbers will not

be publicly displayed and will not be released to anyone outside the company, except as required by law. No more than four sequential digits of a Social Security number may be included on a document mailed outside of the agency. Any document containing a Social Security number is to be shredded when discarded utilizing the MSHN provided shred bins. To ensure that all protected information remains confidential, employees are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy regulations outlined in the MSHN Corporate Compliance Plan.

Conflict of Interest and Outside Employment: MSHN requires that employees not compromise the agency, its stakeholders, partners, or suppliers for personal gain. Examples of conflict of interest include, but are not limited to, accepting gifts worth more than \$25, requesting or granting business favors, or conducting business for personal gain. Employees are required to disclose all conflicts of interest to the CEO (or to the Chairperson of the Board if involving the CEO). Failure to do so may result in disciplinary action, up to and including termination.

While outside or supplemental employment is discouraged, employees may engage in outside or supplemental employment in accordance with the following limitations. In no case shall outside or supplemental employment conflict with or impair the employee's responsibilities to MSHN.

Any employee desiring to participate in outside or supplemental employment must obtain permission of the MSHN CEO in writing prior to engaging in outside or supplemental employment. All employees engaged in outside or supplemental employment shall:

- Not use MSHN facilities as a source of referral for private customers or clients;
- Not be engaged in during an employee's regularly scheduled working hours;
- Not use the name of the MSHN or any County agency as a reference or credential in advertising or soliciting customers or clients;
- Not use MSHN supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice (including any equipment or supplies provided for use by the employee in the employee's home office);
- Maintain a clear separation of outside or supplemental employment from activities performed for the MSHN;
- Not cause any incompatibility, conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of employee's duties.

Pay Periods: All employees are normally paid on a bi-weekly basis (usually twenty-six pay periods annually). Electronic deposits will not be released prior to the set pay schedule for any reason, nor will they be released to anyone other than the employee. MSHN may require employees to use direct deposit or a payroll debit card in compliance with the Michigan Wage and Fringe Benefit Act. If payment of wages by direct deposit or payroll debit card is required by MSHN, MSHN ~~will provide a written form~~ provides through electronic onboarding the option for ~~to~~ each employee to select debit card or direct deposit (and for the employee to provide account information for the direct deposit). An employee's failure to return their selection form within 30 days with the requisite account information shall result in payment by debit card.

It is our policy to comply with FLSA salary-basis. All deductions from an employee's wages shall be in accordance with applicable law and, when required, with the employee's consent. MSHN can make additional payroll deductions for authorized activities with an employee's written consent.

Paycheck Corrections: Employees are asked to review their payroll remittance carefully for errors. If an employee finds a mistake they should report it to the Chief Financial Officer (CFO) or PEO so that necessary steps may be taken to correct the error. Errors in payroll will be corrected and paid in the next scheduled paycheck after notice is received or otherwise in compliance with the Michigan Wage and Fringe Benefit Act.

Time Sheet Policy: Accurate recording of time worked is the responsibility of every employee. Federal and state laws require the employer to keep an accurate record of time worked in order to calculate employee pay and benefits. Time

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worked is the time actually spent on the job performing assigned duties.

- Hourly employees shall accurately report the hours worked each week. The CEO (or designated supervisor) approves exceptions to normal hours (Monday through Friday 8:00 a.m. – 5:00 p.m.).
- Salaried employees are considered as 80 hours paid per pay period and only required to complete a request for any paid time off (PTO)
- Each employee is required to ~~notify their supervisor, request PTO (1) one week in advance, of the dates of all approved PTO through the employee self-service portal.~~
- Excessive use of unplanned leave or lateness in arriving at work are reasons for concern and may result in corrective action.

Time reports are provided in an electronic format. Unless authorized, no employee may record the time of any other employee, or request that another employee record their time. Falsification of time worked, altering or tampering time is prohibited. Violators will be subject to disciplinary action, up to and including termination.

Work Week and Hours of Work: The standard work week is from Sunday 12:00 a.m. until Saturday 11:59 p.m. Normal office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Individual work schedules will vary depending on the operating needs of the agency.

Overtime: Non-exempt employees are to be paid time and one-half (1.5 times rate) for work time that exceeds 40 hours during a scheduled workweek. Employees asked to work overtime are expected to do so. Overtime must be approved in advance by the employee's supervisor. Exempt employees are not eligible for overtime pay. Paid time off, for example holidays or vacations, is not considered work time for purposes of determining overtime pay.

Rest Periods: Employees are allowed to have up to two 15-minute rest periods each day. Authorized rest periods cannot be used to shorten your workday or be accumulated for any other purposes.

Break Time for Nursing Mothers: In compliance with federal law which requires the provision of unpaid, reasonable break time for a non-exempt employee to express breast milk, MSHN subscribes to the following policy:

All employees shall be provided a place to breastfeed or express their milk. The CEO or PEO can confer with the employee to designate a suitable, private location, other than a bathroom, which is located in close proximity to the employee's work area for such breaks. An employee may use her private office area for milk expression if she prefers. Employees shall be provided flexible breaks to accommodate breastfeeding or milk expression for the first year of the child's life. A non-exempt breastfeeding employee shall be provided a flexible schedule for breastfeeding or pumping to provide breast milk for her child. The time would not exceed normal time allowed for lunch and breaks. For time above and beyond normal lunch and breaks, PTO time must be used, or the employee can make up the time at the discretion of the supervisor. A refrigerator will be made available for safe storage of expressed breast milk. Employees may use their own cooler packs to store expressed breast milk or may store milk in a designated refrigerator/freezer. Employees should provide their own containers. Those using the refrigerator are responsible for keeping it clean.

Nepotism: It is the policy of MSHN to prohibit the hiring of relatives in situations where a relative would be under the direct or general supervision of an elected official, department head, supervisor or team leader, or to employ relatives where the status of employment of that person might be influenced by an elected official, department head, supervisor or team leader.

By adhering to the above policy which prohibits relatives from working in positions where they might have influence over each other's status, or the hiring of those relatives, a potentially discriminatory situation is avoided altogether. MSHN realizes that there may be existing relationships among employees which are contrary to this policy. It is the purpose of this policy statement to avoid creating any new situations where relatives are employed in spheres of influence relationships, and not to affect the employment of any relationships that currently exist.

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- Relative - Parent, foster parent, spouse, child, sibling, grandparent, grandchild, aunt, uncle, cousin, in-law or step relative, or any person with whom the employee has a close personal relationship.
- Personal relationship - Relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature.
- Spheres of influence - Scope in which an employee exerts direct or indirect control over another.
- Economic relationship - Fiduciary relationship in which one employee benefits by receiving financial remuneration such as landlord/tenant relationships or business partnerships.
- Fraternalization - Relationship of an intimate or romantic nature between a supervisor and his/her subordinates or conduct that creates the appearance of impression that such a relationship exists.
- If a supervisory-subordinate relationship occurs as a result of a marriage between two employees working in the same program area, then MSHN will attempt to transfer one of the individuals, but it is not required to do so. If a transfer does not occur, one of the employees will be required to resign within sixty (60) days of the marriage.

Political Activity: Every employee has the right to freely express his or her views as a citizen and to cast a vote as he or she may wish. Coercion for political purposes is strictly prohibited. Employees of federally aided programs are, however, prohibited from participation in partisan political activity under the Federal Hatch Political Activities Act while at work or conducting business on behalf of MSHN.

No employee shall engage in any partisan political activity or campaigning for a non-partisan elective office during scheduled working hours or while on duty or while off duty wearing a uniform or other identifying insignia of MSHN or employment. Solicitation of signatures or contributions or nominating petitions is prohibited during working hours. No employee shall be required to engage in a campaign for election of any candidate. MSHN Board and employees are not permitted to use agency funds or resources to contribute to political campaigns or activities of any political party.

Employee Conduct

Attendance & Punctuality: Punctuality and regular attendance are important to the smooth operation of MSHN. If an employee is consistently late or excessively absent, MSHN's ability to perform work is affected and an unfair burden is placed on co-workers. Therefore, unless absences are permitted or excused under the agency's holiday, vacation, sick, or other policies, employees are responsible for being at work and arriving on time.

If an employee is going to be absent or late, it is mandatory and the employee's responsibility to call, e-mail, or text a message their supervisor as soon as possible, preferably in advance of lateness and no later than one hour after the start of the workday. If an employee is absent for several days, they must notify their supervisor each day (unless medical documentation is provided that defines the period of absence). An employee who is absent for reasons other than those permitted or excused by MSHN's holiday, vacation, or leave policies, or who fails to provide notice as required, will be subject to appropriate disciplinary action, up to and including termination.

Telecommuting: With advanced planning and prior approval MSHN employees may be permitted to telecommute. Telecommuting arrangements must not disrupt the daily activities of a group or workflow. The supervisor must approve all employee telecommuting arrangements. Telecommuting (or remote worksite authorization) is a privilege and not a right. Employees approved for telecommuting (or remote work) must sign a "Remote Work Agreement" and abide by its terms and conditions. Permission to telecommute may be withdrawn in the sole discretion of the CEO.

Smoke Free Environment: For the health and comfort of MSHN employees and visitors, smoking is not permitted anywhere inside of the building. Smoking by employees is only allowed during authorized breaks and must be done outside the building in designated smoking areas.

Drugs and Alcohol: It is the policy of MSHN to maintain its offices as a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards. This policy prohibits the unauthorized possession, by employees or others, of alcohol, marijuana, and illegal substances on MSHN's property,

regardless of whether the persons are on duty. Employees are also prohibited from having detectable levels or identifiable trace quantities of alcohol, marijuana, and illegal substances during working time. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

MSHN may drug test under the following circumstances:

- As part of the New Hire Process,
- Reasonable Suspicion,
- Any employee, post workplace property damage accident and/or
- Any employee, post workplace accident resulting in injury or illness if the employee's supervisor and/or Human Resources determine there is a reasonable possibility that employee drug or alcohol use caused or could have contributed to the reported accident

Employees who test positive, refuse or fail to test, or admit to current substance abuse will be subject to discipline, up to and including termination. Adulterated specimens may be treated as a positive test result. All drug testing will be treated confidentially and used solely for the purpose of making employment decisions.

Violence and Weapons: MSHN is committed to providing a safe workplace for the public and its employees, clients, and contractors. MSHN takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited. This policy applies to all agency employees, whether on or off agency property. Any use or possession of weapons by an employee, whether illegal or not, is prohibited on agency property, or while on agency business. This includes knives, guns, martial arts weapons, or any other object that is used as a weapon. Any employee caught possessing a weapon will be disciplined, up to and including termination.

If an employee encounters an individual who is threatening immediate harm to an employee or visitor on premise, employee should contact an emergency agency (such as 9-1-1) immediately. Employees should not engage in either physical or verbal confrontation with a potentially violent individual. Any person who exhibits any unsafe behaviors will be removed from MSHN premises as quickly as safety permits and shall remain off MSHN premises pending the outcome of an investigation.

All employees, temporary employees and any other personnel are responsible for notifying MSHN of any acts or threats which they have witnessed, received, or have been told that another person has witnessed or received. Any individual, who reasonably believes that a situation with any employee or any other party may become violent, should immediately leave the area. Any violations of this policy should be immediately reported in writing to the CEO. Employees will cooperate in all investigations, and a failure to cooperate may result in disciplinary action, up to and including discharge. If the investigation substantiates that a violation has occurred, MSHN will take immediate corrective action, up to and including discharge.

In order to provide a safe workplace and protect our employees from threats to their safety, MSHN must know if a court has ordered an individual to stay away from MSHN locations. Therefore, this policy also requires all individuals who obtain a protective or restraining order which lists MSHN locations as being protected areas, to provide the CEO and Deputy Director a copy of any protective or restraining order. This information will be kept reasonably confidential to the extent possible.

Dress Code: A professional and clean appearance plays a vital role in how we are perceived by our clients, visitors, and each other. Employees are expected to dress tastefully and professionally at all times. Employees who show up for work dressed inappropriately are subject to progressive discipline, and/or may be sent home to change and not paid for the time it takes until their return. Questions about appropriate attire should be directed to the employee's immediate supervisor. If a certain manner of dress, personal appearance or hygiene is necessary because of religious beliefs, medical condition or an otherwise legally protected reason, the employee must notify their immediate supervisor of the

reason, in writing, before reporting to work. MSHN may require said employee to provide appropriate proof of this belief, condition or otherwise protected reason.

Computer, Internet, Telephones, and Electronic Mail: MSHN provides a variety of electronic tools to employees for use in operating the agency. Agency-provided technology should be used only for business-related matters during working time, and personal usage should be minimized at all times. Where an employee receives a stipend for the provision of a cell phone, it is understood that the phone is owned by the employee and will be used for personal business.

Employees should not have an expectation of privacy in their use of company computers, telephones (including cellphones issued by the company) or other tools. All communications on these devices, including email and other internet activity, are subject to monitoring or inspection by the company at any time, without advance notice. Employees are encouraged to use these tools only for business-related communications. MSHN reserves the right to monitor customer calls to ensure employees abide by company guidelines and provide appropriate levels of service. Email, telephones and other devices may not be used in any manner that violates company policies, including especially our policies regarding equal opportunity and harassment.

All electronic and telephone communication systems and all communications and information transmitted by, received from, or stored in these systems are the property of MSHN and, as such, are intended for job-related purposes. Employees are not permitted to use a code, access a file, or retrieve any stored communication unless authorized to do so, or unless they have received prior clearance from an authorized company representative. All pass codes are the property of MSHN and may be used to access electronic and telephone communications at any time.

Social Media: Social media includes all forms of public, web-based communications and expression that brings people together by making it easier to publish content to many individuals. The Social Media policy applies if employees are authorized to represent MSHN on social media platforms or if an employee makes references to MSHN, its affiliates or officers when using social media in a personal capacity. In order to post on external social media sites for work purposes, employees must have prior written approval from the CEO.

While free time is generally not subject to any restriction by MSHN, we urge all employees not to post information regarding MSHN, their jobs, or other employees which could lead to morale issues in the workplace or detrimentally affect MSHN's business. Employees should keep in mind that posting information regarding work can be detrimental to the work environment. At all times employees should be civil to others and their opinions, by not posting personal or work-related information. Employees are personally responsible for the content published on blogs, wikis, or any other form of social media. Employees must always be mindful that once something is published online it is difficult to erase. Employees should also consider that if MSHN receives a complaint about information posted on social media sites, MSHN may need to investigate that complaint to ensure no violation of the harassment policy or other Company policy has occurred. In the event there is such a complaint, employees will be expected to cooperate in any investigation of that complaint, including providing access to the posts at issue.

Employees who identify themselves as an employee of MSHN or discuss matters related to our business on social media, must remember that although it may be a personal website or blog and a medium of personal expression, some readers may nonetheless view the employee as a de facto spokesperson for MSHN. Employees must make it clear that the views expressed are theirs alone and that they do not necessarily reflect the views of MSHN. To help reduce the potential for confusion, employees should put a disclaimer in a prominent location on the page or blog. For example, "The view expressed on this web site/blog are mine alone and do not necessarily reflect the views of my employer.

Without prior written approval from the CEO, no employee shall use any words, logos, or other marks that would infringe upon the trademark, service mark, certification mark, or other intellectual property rights of MSHN or its business partners. All rules that apply to employee activities, including the protection of proprietary and confidential information, apply to all blogs and online activity.

Leave Policies

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General Policies: MSHN provides eligible employees with leave for a variety of reasons. The following summarizes MSHN's leave policies in a way that MSHN hopes will be generally helpful.

As with all policies, MSHN reserves the right to revise or rescind these policies at its discretion, subject to legal requirements. This statement of leave policies is not intended to create a contract between MSHN and its employees.

To apply for leave, or to inquire into what leave may be available, an employee should speak with the Deputy Director, or the PEO administrator. An employee applying for leave will be asked to state why he/she wants the leave, when he/she wants the leave to begin, and when he/she wants the leave to end. The Deputy Director will inform the employee what type and duration of leave, if any, has been approved and will also tell the employee which requirements, such as certification of a health condition, the employee must fulfill.

All leaves are granted for a specific period of time. An employee who foresees being unable or unwilling to return to work at the end of the leave period should apply for any other leave for which the employee is eligible, including an extension of the current leave. MSHN reserves the right to terminate the employment of an employee who does not return to work at the end of the approved leave period.

Family and Medical Leave of Absence: The Family and Medical Leave Act ("FMLA") allows eligible employees of a covered employer to take an unpaid leave of absence under certain circumstances for up to a total of 12 work weeks in a specific 12-month period. Eligible employees of a covered employer will be granted an FMLA leave of absence for the following reasons:

1. For the birth of a child, and to care for the newborn child;
2. For placement with the employee of a child for adoption or foster care;
3. To care for the employee's spouse, child, or parent with a serious health condition; and
4. Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.

An eligible employee is defined as follows:

1. Has been employed by MSHN for at least 12 months, and
2. Has been employed at least 1,250 hours during the 12 months immediately preceding the commencement of leave, and
3. Is employed at a worksite where 50 or more employees are employed by the employer within 75 miles of that worksite.

An employee who meets all eligibility requirements will be granted an unpaid leave of absence for up to twelve (12) weeks. Employees who have accrued vacation leave, personal leave, or family leave time may be required to take that leave as part of the FMLA leave.

Spouses who are eligible for FMLA and are both employed by MSHN are permitted to take only a combined total of 12 weeks of leave during any 12-month period if the leave is taken for the birth of a child, the placement of a child for adoption or foster care, or to care for a sick parent.

For purposes of calculating the 12-month period for determining 12 work weeks of leave during any 12-month period, a 12-month period will be measured backward from the date an FMLA leave is requested to begin, absent a conflict with state law.

All FMLA leaves of absence require the prior approval of MSHN. Employees seeking leave under FMLA must provide thirty (30) days' notice to the Deputy Director or the PEO where the leave is foreseeable. Where the leave is not foreseeable, notice must be given as soon as practicable. Failure to provide the required notice may result in the denial of an employee's request for a leave of absence.

Where FMLA leave is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule when medically necessary. An employee who requests

intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment may be temporarily transferred to an alternative position of employment which better accommodates recurring periods of absence, provided that position of employment has equivalent pay and benefits.

In general, an employee seeking a leave of absence for a serious health condition must submit certification from a health care provider to substantiate that the leave is due to a serious health condition of the eligible employee or the son, daughter, spouse, or parent of the employee, as appropriate. The certification must state the date on which the serious health condition began, the probable duration of the condition, and must describe the nature of the condition. If the leave is due to the serious illness of an immediate family member, certification must provide an estimated amount of time the employee is needed to care for the immediate family member. If the leave is due to the serious illness of the employee, certification must provide a statement that the employee is unable to perform his or her functions of employment. If the leave is for planned medical treatment, certification must provide the dates on which the treatment is expected to be given and the duration of the treatment.

MSHN reserves the right to seek a second medical opinion from a healthcare provider of their choice to verify the need for the leave of absence. If the first and second medical opinions differ, MSHN may require that a third opinion be obtained from a third health care provider that is jointly selected by the employee and MSHN. The third medical opinion will be final and binding on both parties. A return to work medical certification is required for all employees returning from a medical leave of absence.

Employees who are on an approved FMLA leave will continue to participate in the group health insurance plan and the Company will continue to pay its portion of the premiums for the employee's health insurance during this period. Accordingly, employees are advised to plan for the retention of health coverage by arranging to pay the employee portion of the premium contributions during the FMLA leave.

In the event that an employee is not able to return to work after the completion of an approved FMLA leave, MSHN may recover from the employee the cost of any payments made to maintain the employee's health coverage. MSHN's obligation to continue to pay its portion of the premiums for an employee's health insurance will cease at the completion of an approved FMLA leave.

Any eligible employee who returns from an approved leave under FMLA will be restored to his or her former position or to an equivalent position with equivalent benefits, pay, and other equivalent terms and condition of employment. However, any employee who fails to return after the employee's FMLA leave entitlement has expired may not be guaranteed a position of employment or the continuation of his or her health insurance. Highly compensated employees may be denied restoration to their former position if the denial is necessary to prevent substantial and grievous economic injury to the operations of your assigned company. The employee will be notified by MSHN of the intent to deny restoration on such basis at the time your assigned company determines that such injury would occur.

FMLA does not supersede any provision of any State or local law that provides greater family or medical leave rights than the rights established by Federal FMLA.

Military Family Leave: On January 28, 2008, the National Defense Authorization Act (NDAA) was signed into law. The NDAA amended the FMLA to provide eligible employees working for covered employees two important new leave rights related to military service. The New military family leave entitlements for eligible specified family members:

Qualifying Exigency Leave: Permits eligible employees with a spouse, son, daughter, or parent on covered active duty in the Armed Forces, or notification of an impending call or order to active-duty status, in support of a contingency operation may use their 12-week unpaid leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Covered Servicemember Leave: Permits eligible employees to take up to 26 weeks of unpaid leave during a single 12-

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month period to care for a family member (spouse, son, daughter, parent, or next of kin) who is a covered servicemember. A covered servicemember is a current member of the Armed Forces (including the National Guard or Reserves) who has a serious injury or illness incurred in the line of active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on temporary disability retirement list. The leave was expanded to include veterans who are undergoing medical treatment, recuperation or therapy for serious injury or illness that occurred any time during the five years preceding the date of treatment.

Paid Time-Off (PTO): Regular full-time employees are eligible for PTO. The purpose of PTO is to cover any need for time off, whether it is for a vacation, personal time, sickness, or to take care of family members. If an employee misses work for any reason, they are expected to use PTO unless they are using approved and earned compensatory or flex time. If an employee is on unpaid approved Medical, or Personal Leave of Absence, PTO will not be accrued for the duration of the leave.

~~When foreseeable, employees are expected to submit a written PTO or email request at least one (1) week in advance. Employees are expected to submit a PTO request through their self-service portal at least one (1) week in advance. The request must be approved by the supervisor.~~ Negative PTO accruals are not allowed.

Accrued PTO not used before the time of an employee’s resignation will be paid out 100% if the employee resigns with a ~~minimum of two weeks (10 business days)~~30-day notice and 50% with a 14-day notice. Employees who resign with less than the required notice, or who are terminated for cause, will not receive a payout of their accrued PTO.

Regular full-time employees become eligible for PTO upon hire at a rate commensurate with experience and tenure in the Community Mental Health System and as agreed upon in their terms of and conditions for employment.

Regular full-time employees become eligible as follows:

Employment Period	Number of Days <u>Per Pay Period</u>	<u>Accrual per Hour Worked</u>
0-1 Years of Employment	7.69 hours for every eighty (80) hours paid	<u>.0962</u>
2-3 Years of Employment	9.23 hours for every eighty (80) hours paid	<u>.1154</u>
4-6 Years of Employment	9.85 hours for every eighty (80) hours paid	<u>.1232</u>
7-9 Years of Employment	10.46 hours for every eighty (80) hours paid	<u>.1308</u>
10 + years of employment	10.77 hours for every eighty (80) hours paid	<u>.1346</u>

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Accumulation and Carry-Over of PTO: An employee shall not be limited on accumulation of PTO during the fiscal year (October 1 – September 30), but an employee shall not be allowed to carry more than two hundred forty (240) hours from one fiscal year to the next. An exception to this limit shall be if an employee requests scheduled paid time off and that request is denied, an employee shall then be allowed to carry-over the number of hours requested and denied in addition to the 240 hours. Other allowable exceptions may only be approved by the Chief Executive Officer. Annually an employee may be eligible to convert accrued PTO hours accumulated to wages. PTO payouts will occur annually in September. To be eligible for conversion, an employee must have met the following criteria:

- Minimum of eighty (80) hours PTO balance after conversion
- Must have utilized eighty (80) hours of PTO within the previous 12 months and at least forty (40) hours of consecutive PTO. Agency paid holidays occurring between the 40 hours PTO requirement does not count towards the consecutive PTO hours used.

Holidays: MSHN observes the following holidays:

- New Year’s Day - January
- Labor Day - September
- Martin Luther King Day - January
- Veterans’ Day – November

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- Presidents' Day - February
- Memorial Day - May
- Juneteenth - June
- Independence Day, July 4th
 - ~~Labor Day - September~~
- Thanksgiving Thursday & Friday - November
- Christmas Eve Day - December
- Christmas Day - December
- New Year's Eve Day - December

MSHN employees have the option to swap up to two MSHN recognized holidays for two personal holidays of their choice. Optional holiday selections will be required in advance, in December each year for the following year.

For MSHN employees to be eligible for holiday pay, they must be on the active payroll and actually work the last scheduled workday before the holiday, as well as the scheduled workday after the holiday, unless the employee has been approved for use of PTO. If an employee does not work the scheduled day before or after the holiday (call in sick) they will not be paid for the holiday and will not be permitted to use the PTO for the holiday unless they had prior PTO approval. Paid time off for holidays will not be counted as hours worked for the purposes of determining overtime.

Holiday pay for part-time employees shall accrue based upon and be paid according to the actual percentage of the part time employees budgeted and scheduled weekly hours based upon a 40-hour work week of the employee at the time of the accrual.

Leave Without Pay: Available PTO must be utilized prior to requesting leave without pay. Requests for personal leave without pay for a period not to exceed one hundred eighty (180) days in a calendar year are considered individually and granted at the discretion of MSHN CEO. The reason for the request, the employee's length of service, the employee's work record and the demands of the individual's job are examples of the type of factors typically considered in evaluating a request for personal leave of absence. A request for personal leave of absence will be granted only if the employee is not eligible for any other type of leave.

Jury Duty: Employees summoned for jury duty will be allowed the necessary time off from work to perform this civic responsibility. MSHN will pay the employee their regular salary; and the employee is expected to remit any jury duty compensation received to MSHN within two weeks of receipt of funds. Employees will be expected to report to work during all regular hours if their presence is not required in a jury room or court. MSHN may require the employee to supply documentation from the court affirming the employee's jury duty service.

Military Leave: A military leave of absence will be granted to employees who are absent from work because of service in the U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). Employees may supplement their leave, with available Paid Time off (PTO) or may take the leave unpaid. Continuation of health insurance benefits is available as required by USERRA based on the length of the leave and subject to the terms, conditions, and limitations of the applicable plans for which the employee is otherwise eligible. Leaves for military service and reinstatement after performing military service will be provided in accordance with the requirements of law.

Bereavement Leave: Employees are eligible for paid bereavement leave. When a death occurs in an employee's immediate family (Defined as: spouse, domestic partner, child, mother, father, sister, brother, grandparent, grandchild, and in-laws of the same level), an employee may take up to three (3) days off with pay, to attend the funeral or make funeral arrangements. In unusual circumstances, additional time off may be granted, with or without pay, at the discretion of the MSHN CEO. Any additional time needed will be taken out of PTO or taken without pay. Employees must receive approval from the CEO and may be asked to provide documentation of the event.

Inclement Weather: MSHN will operate during regularly scheduled business hours unless otherwise determined by the CEO or ~~Chairperson of the Board of Directors~~. During inclement weather conditions or other such circumstances where travel is not advised, employees are asked to follow the established inclement weather closure policy and to use their own judgment in determining the safety of reporting to work and the subsequent travel from work. Unless the agency

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is closed, employees who choose not to report to work during inclement weather or other related conditions will be required to use PTO time.

Disciplinary Policies

Workplace Rules: The following work rules are designed to promote the mutual relationship and are subject to every day common sense. No single set of rules can cover every aspect of conduct on the job. The company retains the right to take disciplinary action for any conduct that does not meet expected standards of appropriate behavior in the workplace, and to assess the level of discipline based on the circumstances of each case. In situations outside specific rules, the company will follow its general policies. Nothing in these rules alters our policy of employment at will. The following are examples of inappropriate behavior that may lead to disciplinary action:

- Failure to work as assigned during scheduled times, this includes tardiness and absenteeism, as well as failure to timely return from scheduled breaks.
- Gambling on premises
- Smoking, drinking, or eating in unauthorized areas
- Disrespect to managers, or rudeness or unprofessional behavior toward a coworker, customer, or other member of the public
- Failing to work cooperatively with management/supervision or coworkers
- Reporting for work, or at work, in an unfit or unsafe condition to perform work
- Using abusive, obscene, or improper language on office premises
- Sleeping on the job
- Improper disclosure or failure to safeguard business secrets or other similar confidential information
- Failure or inability to meet minimum standards of responsibility, skill, and other work requirements
- Failure to follow instructions
- Disregard office policies and procedures
- Abusing or improperly using company property
- Any other violation of rules set out in the Personnel Manual or any other policy, procedure, rule, or guideline

Following are examples of conduct which will be cause for immediate discharge upon the first offense:

- Possession of firearms or other weapons on office premises
- Unauthorized possession, use or distribution of drugs or controlled substances
- Theft or attempted theft
- Gross neglect of duties
- Insubordination or refusal to follow instructions
- Falsification of records

The disciplinary policy is as follows:

First Violation: Verbal warning and notation in personnel file

Second Violation: Written warning, included in personnel file

Third Violation: ~~Two-day~~ Unpaid suspension & final written warning, included in personnel file

Forth Violation: Subjected to termination of employment

Problem Resolution: MSHN seeks to deal openly and directly with its employees and believes that communication between employees and management is critical to solving problems. Co-workers that may have a problem with one another should attempt to resolve the problem themselves. If a resolution cannot be agreed upon, employees should approach their direct supervisor(s) for assistance with obtaining resolution. In the event an employee is not comfortable approaching their direct supervisor for assistance with problem resolution, or the concern involves the supervisor, employees have the following alternative options for addressing human resource issues:

- Employees are encouraged to approach ~~MSHN's~~ the Deputy Director for assistance with human resource issues and problem resolution.
- Employees may also directly contact a human resource specialist at the Professional Employer Organization

MSHN Employee Policies and Procedures

(PEO): Costaff Human Services, **1-800-4-COSTAF**

In the event a resolution is not reached by any of the above methods employees should approach the CEO, who will work with the employee(s) to determine a resolution. In these instances, the decision of the CEO is final. Employees that have an issue involving the CEO should address the concern directly with the CEO or with the Human Resources Representative at the PEO.

Discipline: MSHN's policy is to attempt to deal constructively with employee performance problems and errors. The disciplinary process will be determined by the MSHN CEO in light of the facts and circumstances of each case. Discipline shall typically be progressive in nature, at the discretion of the CEO and based on the severity of the performance concern. Depending upon the facts and circumstances, the discipline applied may include, among other things, oral or written warnings, probation, suspension without pay, or immediate discharge. Each situation will be considered through a variety of factors including, but not limited to, the seriousness of the situation, the employee's past conduct and length of service, and the nature of the employee's previous performance or incidents involving the employee. Nothing contained in this manual, including this section, the Corrective Action section and the Separation Policies, negates the at-will employment relationship.

Corrective Action: Corrective action is taken in response to a rule infraction or violation of agency policies and will continue until the violation or infraction is corrected. Corrective action may include any of the following: verbal warning, written warning, written suspension or discharge. MSHN may establish other/additional sanctions or terms for performance correction or improvement. MSHN considers some violations as grounds for immediate dismissal, including, but not limited to: violation of ~~MSHN~~ discrimination/harassment policy; insubordinate behavior, theft, destruction of agency property, breach of confidentiality agreement, untruthfulness about personal background or threats of violence, abuse or violation of the remote work agreement, among others. Employees charged with some infraction and subject to corrective action may appeal that corrective action. An appeal must be submitted in writing to the CEO. If, after reviewing the corrective action, CEO, in consultation with the PEO, determines that the procedures were followed accordingly, the corrective action will stand. If it is determined that MSHN procedures were not followed, the action may be altered or reversed. The decision of the CEO is final.

Separation Policies

Resignation: Resignation is a voluntary act initiated by the employee to terminate their employment with MSHN. Although advanced notice is not required, MSHN requests a written notice of at least ~~two weeks (10 business days)~~**30 days** from all employees.

Job Abandonment: If an employee is absent for more than three (3) consecutive days, without notifying the ~~supervisor~~**CEO**, the employee may be considered to have voluntarily abandoned employment with MSHN. If termination is determined the effective date will be the last day the employee reported for work. If an employee abandons a job, he or she is not entitled to accrued PTO days, unless required by law.

Termination: MSHN requires that employees return all documents, files, computer equipment, uniforms, agency tools, business credit cards, keys, and other agency owned property on or before the last day of work. When all agency owned property has been collected, the employee will receive his or her final paycheck and any accrued PTO pay, if applicable. Employees leaving the agency will have the option of having an exit interview with the Deputy Director or CEO.

Manual Amendments and Revisions

The ~~Board of Directors~~**Chief Executive Officer** reserves the right to and retains, solely and exclusively, all rights to manage and operate its affairs, to modify, amend or terminate any portion of the benefits or compensation provided with or without notice. The statutory rights, duties and obligations of the Board shall not in any way be abridged by the terms of this manual. The fact that these policies may have been drafted or applied differently in the past does not affect their current or future enforcement. The contents of this manual may be added to, expanded, reduced or otherwise modified;

MSHN Employee Policies and Procedures

any such modification in this manual shall be at the discretion of the Board of Directors. Verbal changes shall have no force or effect. Changes will be effective on the date of Board authorization and will supersede the original policies, benefits and compensation.

Acknowledgement of Receipt & Understanding

I hereby certify that I have read and fully understand the contents of this Personnel Manual. I also acknowledge that I have been given the opportunity to discuss any policies contained in this manual with an agency official. I agree to abide by the policies set forth in this manual and understand that compliance with MSHN's rules and regulations is necessary for continued employment. My signature below certifies my knowledge, acceptance, and adherence to the agency's policies, rules, and regulations.

I have entered into my employment with MSHN voluntarily and acknowledge there is no specific length of employment. Accordingly, either I or MSHN can terminate the employment relationship at will, with or without cause, at any time. I agree that any action, claim or suit against MSHN, its parent company or subsidiaries, arising out of my employment or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or they will forever be barred. I waive any limitation periods to the contrary. I understand that MSHN is an Equal Opportunity Employer and an employer at will. I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it. I understand that this receipt will become a permanent part of my personnel record.

I acknowledge that MSHN reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between MSHN and its employees.

Employee Signature Date

Chief Executive Officer/Deputy Director Signature Date

Chapter	Human Resources		
Title:	Position Management		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: AnnuallyBienn Author: Deputy Director	Adopted Date: 03.07.2017 Review Date: 07.06.2021	Related Policies: Delegation to the CEO and Executive Limitations Employee Compensation Personnel Manual

Purpose

This policy is established to clarify the authority and delegation of personnel procurement and management to the Mid-State Health Network (MSHN) Chief Executive Officer (CEO) by the MSHN Board of Directors. The following policy provides authoritative guidance to the CEO for ensuring sustained organizational effectiveness relating to the number, type, and qualifications of personnel and position management.

Policy

A. It is the policy of MSHN that the CEO operate the organization under an approved administrative operating budget that is sufficient to ensure compliance with the Michigan Department of Health and Human Services (MDHHS) contract [and the roles/responsibilities of the organization](#).

B. Accountabilities:

1. The [MSHN](#) Board of Directors is responsible for adopting an operating budget, including personnel resources and benefits. Budgets proposed by administration include the anticipated number and types of personnel, along with aggregate compensation details;
2. The [MSHN](#) CEO, operating within the parameters of the Board of Directors approved MSHN operating budget, will create, alter, and maintain staff positions and an organizational structure sufficient to carry out the obligations and responsibilities, and to conduct the day to day operations, of MSHN in accordance with its Mission, Vision, Values and contracts with purchasers of MSHN services;
3. The [MSHN](#) CEO may create, alter or otherwise arrange or procure staff positions provided the total board approved operating budget for MSHN operations is not exceeded. In the event the MSHN operating budget is reasonably expected to be exceeded, the [MSHN](#) CEO must receive approval of the Board of Directors in order to proceed; and
4. Compensation of direct employed positions will be determined in compliance with the MSHN Employee Compensation Policy and Procedure.

Applies to:

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

Definitions:

- CEO: Chief Executive Officer
- MDHHS: Michigan Department of Health & Human Services
- MSHN: Mid-State Health Network

Other Related Materials:

Human Resources: Employee Compensation Procedure

References/Legal Authority:

N/A

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
02.2017	New Policy	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
02.2023	Biennial Review	Deputy Director

POLICIES AND PROCEDURE MANUAL

Chapter	Human Resources		
Title:	Public Health Emergency Preparedness and Response Plan for MSHN Internal Operations		
Policy: <input checked="" type="checkbox"/>	Review Cycle: <u>Annually/Biennial</u>	Adopted Date: 7.07.2020	Related Policies:
Procedure: <input type="checkbox"/> Page: 1 of 2	Author: Chief Executive Officer	Review Date: 07.06.2021	

Purpose

The purposes of this policy are to provide for the protection of the members of the Mid-State Health Network workforce from infection or exposure to contagious viruses or other contagious health conditions, to mandate certain measures by MSHN and its workforce members and guests, and to provide for the common good of Mid-State Health Network during a local, state or federally-declared public health emergency.

Policy

It is the policy of Mid-State Health Network to develop, continually periodically update and maintain and publish a public health emergency-specific “Preparedness and Response Plan.”—In accordance with the MSHN Continuity of Operations Plan the emergency-specific plan shall address MSHN internal operational status, workplace conditions, building entry/exit requirements, requirements for the use of personal protection equipment and social distancing, cleaning, use of common, multi-occupancy and single occupancy spaces in MSHN-controlled sites, visitor/guest, meeting and travel restrictions, hygiene requirements, illness reporting, employee training and any other aspect of operations or employee behavior considered essential to protect and promote the wellness of the MSHN workforce during ~~the public health-related condition or a~~ declared state(s) of emergency.

The “Preparedness and Response Plan” shall be maintained by the Chief Executive Officer and shall be updated from time-to-time as circumstances and published guidance from official authoritative public health sources warrant.

All MSHN employees are required to follow the “Preparedness and Response Plan,” including but not limited to pertinent requirements to use personal protective equipment, cleaning/sanitation, hand and respiratory hygiene during working hours, and any other requirements based on official public health authorities. Employees refusing to or consistently failing to do so may be subject to exclusion from MSHN premises, disciplinary action, or both.

The Chief Executive Officer shall have broad discretion to implement the “Preparedness and Response Plan” and to enforce the requirements therein contained and is responsible for determining whether to restrict or relax elements of the plan, related policies included in the plan, to restrict or relax business-related activities (including travel, remote work, and all other aspects of maintaining a safe and healthy environment for employees), or for taking other actions to promote public health, workforce and guest health and safety. The Chief Executive Officer is expected to consult with the Deputy Director, Chief Medical Officer and other members of leadership, as well as employees, whenever possible in the decision-making process related to elements contained in the plan.

Applies to

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:

- MSHN’s CMHSP Participants: Policy Only Policy and Procedure
 Other: Sub-contract Providers

Definitions

MSHN: Mid-State Health Network N/A

Other Related Materials

[MSHN COVID-19 Preparedness and Response Plan](#)



2020-10-16 FINAL
COVID-19 PREPARED

MSHN Continuity of Operations Plan



MSHN
CoOP_8.2020.pdf

References/Legal Authority

Executive Order 20-91 (Governor Whitmer)

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
05.22.2020	New Policy	Chief Executive Officer
02.2021	Biennial Review	Deputy Director
02.2023	Biennial Review	Deputy Director

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Reimbursement Policy for Credentials, Licensure and Memberships Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: <u>Annually/Biennial</u> Author: Deputy Director	Adopted Date: 01.05.2016 Review Date: 07.06.2021	Related Policies: MSHN Personnel Manual

Purpose

Mid-State Health Network (MSHN) recognizes the importance of recruiting and retaining well-qualified professionals with the requisite credentials and licenses and the continuing need for re-certifications to support the mission. Memberships to associations can provide discounted trainings and certified educational credits to obtain the requisite credentials and licenses. The purpose of this policy is to identify MSHN’s policy regarding reimbursement for credentials, licensure and memberships.

Policy

It is the responsibility of licensed or otherwise credentialed employees to maintain their individual credentials that are required for employment. MSHN will reimburse employees The payment of for professional credentials, licenses, associated professional fees and memberships and continuing education credits will be considered by MSHN, if the license or credential is listed in the job description or if required by MSHN. Licenses or credentials that are not required by MSHN but that have the potential to lead to better individual or organizational performance will be considered by MSHN. but it is not an employee benefit or entitlement. Consequently, such expenditures shall be reviewed and, if approved, will be disbursed in the form of a reimbursement to eligible employees in accordance with policies and procedures.

Reimbursement is not available for college, technical, or other formal education typically associated with earning a “college degree.” MSHN will not reimburse employees for education or credentials or licenses so that the employee meets the minimum requirements of the job as detailed in the approved job description.

The professional credential must be issued by an appropriate Federal, state or local authority, or industry recognized professional credentialing body.

Reimbursement for payment of these expenses must be determined to be in the interest of the MSHN. MSHN may reimburse an employee for expenses associated with obtaining or maintaining professional credentials and/membership fees that MSHN determines are beneficial to carrying out the functions of the employee’s position. MSHN will discuss appropriate licensures during the job description and performance evaluation review process. Expenses associated with obtaining or maintaining professional credentials that are solely for the benefit of an employee may not be reimbursed.

Reimbursement is subject to availability of funding for this purpose and approval of each individual request. Department leaders are responsible for ensuring appropriate allocation of resources through the annual budgeting process.

Reimbursement request must identify the types of credentials, professional accreditations, professional licenses, certifications, examinations, and/or associated expenses, including those for continuing professional education, authorized for reimbursement.

Employees must request and receive authorization of expenses to obtain professional credentials in advance of an expense being incurred by an employee. Under such circumstances, an employee may be reimbursed for an incurred expense only following successful completion of a professional credential requirement.

MSHN may identify the need for one or more of its existing employees to be credentialed. Where MSHN changes the credentialing requirements of a position or requires an existing employee to obtain a new credential required by MSHN, MSHN will pay the initial costs of the employee to obtain the newly required credential.

Applies to

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

Definitions

MSHN: Mid-State Health Network

Certification Program: A program that involves a process in which individuals attain and demonstrate the level of knowledge and skill required to perform in the profession, occupation, or roles.

Licensure: A process by which a governmental authority grants permission to an individual practitioner or organization to operate or to engage in an occupation or profession.

Professional Accreditation: A formal process by which a recognized body, usually a non-governmental institution, assesses and recognizes that an organization meets applicable, pre-determined standards.

Professional credentials: Documents that attest to the truth of stated facts. For the purpose of this Instruction, professional credentials include professional accreditation, State-imposed and professional licenses, and professional certifications and registrations.

Other Related Materials

N/A

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
10.2015	New Policy	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
03.2023	Biennial Review	Deputy Director

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Separation Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: <u>Annually/Biennial</u> Author: Deputy Director	Adopted Date: 07.05.2016 Review Date: 07.06.2021	Related Policies: Personnel Manual

Purpose

The intent of this policy is to ensure that an exiting employee is informed of his/her rights and benefits and that accurate records regarding termination of employment are collected and maintained.

Policy

It is the policy of Mid-State Health Network to ensure that any employee whose employment is being terminated, whether voluntarily or involuntarily, receives an exit interview. The exit interview shall be conducted by the Deputy Director. If the employee reports directly to the Deputy Director, then the Chief Executive Officer shall conduct the exit interview.

The objectives of the exit interview are as follows:

- To determine and discuss the employee's reason for resignation, if applicable;
- To discover and discuss any grievances that the employee may have regarding the department or position held in an effort to institute corrective action(s), if any; which may be deemed necessary
- To discover and discuss any misunderstandings the employee may have had about his/her job or with his/her supervisor(s) in an effort to institute corrective action(s), if any, which may be deemed necessary;
- To discover and discuss suggestions the employee may have regarding areas of improvement for MSHN operations;
- To maintain good will and teamwork amongst current and future employees;
- To review administrative details with the employee such as benefit continuation rights and conversion privileges, if any, final pay, re-employment policy, and employment compensation; and
- To arrange for the return of any company property which may be in the possession of the leaving employee and has not already been returned to the department supervisor.

Applies to

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

Definitions

MSHN: Mid-State Health Network N/A

Other Related Materials

- Exit Interview Procedure
- Involuntary Termination Procedure
- Exit Interview Form
- Termination Checklist

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
04.2016	New Policy	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
<u>02.2023</u>	<u>Biennial Review</u>	<u>Deputy Director</u>

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Succession Planning Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Page: 1 of 2	Review Cycle: Annually Author: Chief Executive Officer	Adopted Date: 05.05.15 Review Date: 07.06.2021	Related Policies:

Purpose

Organizations that plan well for the future anticipate and plan for changes in key leadership staff. Mid-State Health Network (MSHN) seeks to be prepared for future changes in key staff positions by requiring development of a Succession Plan.

Policy

Recognizing that the Chief Executive Officer (CEO) is the only employee of the Board of Directors, and that all other leadership and staff positions are employed by the CEO, it is the policy of the MSHN Board to periodically assess the temporary/emergency and permanent chief executive officer leadership needs of the organization to help ensure the selection of a qualified and capable leader (temporary or permanent) who provides a good fit for continuation of can carry out the organization’s mission, vision, values, goals, and objectives,; and who has the necessary skills for the organization. The Chief Executive Officer (CEO) shall not put the organization at risk by failing to appropriately plan and prepare for extended periods of scheduled or unexpected absence. In addition, the Chief Executive Officer shall ensure that each person appointed to a chief-level and director-level role has a written succession or successor development plan that the CEO endorses and approves.

The Board requires that the CEO maintain a procedure-written plan for temporary/emergency and permanent succession of the CEO.

The procedure-written plan shall be submitted to the Board of Directors annually at the time of the current CEO’s annual performance review, which is normally conducted in a closed executive session of the board. provide for:

The CEO Written Succession Plan shall include relevant information and at a minimum address the following provisions:

- Name, current position, and qualifications, of internal or external successor.
 - o If a successor is identified by name, a summary of development (cross training) activities that have taken place and identification of areas for further development in the coming period.
 - o If an individual is not identified, a narrative of the steps taken (and/or to be taken) to identify and develop a successor.
- Specific steps that the Executive Committee of the Board of Directors would need to consider and/or take to implement a temporary/acting/interim or other short-duration appointment.
- Current position description, along with any recommendations for updates.
- Recommendations relating to level of compensation, benefits, or other remuneration considerations.
- Key priorities that the board should consider and/or focus on in the event of the absence or departure of the current CEO.
- ~~Plan implementation authority and approval requirements for an acting appointment (including compensation);~~
- ~~Definition of the duration for appointment of an acting CEO;~~

- ~~Consideration of limitations/authority restrictions to be placed on the acting CEO;~~
- ~~Cross-training expectations; and~~
- ~~Communication planning.~~

Interim/Acting CEO Appointment:

In the event of a planned short-term or long-term absence of the current CEO, the Board of Directors may appoint an Interim/Acting Chief Executive Officer. While not obliged to implement the current CEO’s succession plan, the Board of Directors shall give appropriate consideration and weight to the most current written succession plan.

Replacement of the Current CEO:

If the Board is preparing for permanent replacement of the current CEO because they have resigned, died, passed away, are incapacitated and unlikely to be able to carry out the functions of the position, or is not planning to return from a short- or long-term absence to the position, the Chairperson shall call the board to meet and consider the following and any other factors it deems appropriate.

- Consideration of the current CEO’s written succession plan and the appointment of an Interim/Acting CEO (or other available decisions)
- Consideration of strategies to appoint a permanent replacement, including development of a plan for recruitment (if needed) and selection, and appointment. , with input and direction from the full Board, establish a plan for recruitment and selection. The Board shall develop a diverse pool of candidates, while at the same time encouraging the professional development and advancement of current employees. If there is a gap between the CEO’s departure and the ability for the new CEO to take office, the Board shall appoint an interim CEO in accordance with approved procedures and consistent with the expectations of Board policy.

The CEO shall establish and maintain a procedure that details the process for succession planning including planning for other key executive leadership positions. If at any time the Board of Directors appoints an Interim/Acting Chief Executive Officer, and the current CEO is able to communicate, they shall inform MSHN staff and key stakeholders, including providing The procedure shall include appropriate notice to the Michigan Department of Health and Human Services, other funders, the provider network, key constituents and community stakeholders. In the event the current CEO is unable to perform this function, the board appointed interim/acting CEO shall provide these notices.

Definitions:

Long Term: In the context of this policy, long term is an absence that is expected to be more than six months in duration and up to one year, but where the current CEO is expected to return to their duties.

Short Term: In the context of this policy, short term is an absence that is expected to be six months or less in duration, and where the current CEO is expected to return to their duties.

Applies to

- All MSHN Staff
- Selected MSHN Staff, as follows: CEO, DD, CFO, CIO, CBHO, [CQCO](#) and CCO
- MSHN Board of Directors
- MSHN’s CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions

CEO: Chief Executive Officer

DD: Deputy Director

CFO: Chief Financial Officer

CIO: Chief Information Officer

CBHO: Chief Behavioral Health Officer

CQCO: [Chief Quality and Compliance Officer](#)

CCO: Chief Clinical Officer

Long Term: [In the context of this policy, long term is an absence that is expected to be more than six months in duration and up to one year, but where the current CEO is expected to return to their duties.](#)

MSHN: Mid-State Health Network

PIHP: Pre-paid Inpatient Health Plan

Short Term: [In the context of this policy, short-term is an absence that is expected to be six months or less in duration, and where the current CEO is expected to return to their duties.](#)

Succession Planning: Identification and development of potential successors for key positions in an organization, through a systematic evaluation process and training. Unlike replacement planning (which grades an individual solely on the basis of his or her past performance) succession planning is largely predictive in judging an individual for a position he or she might never have been in.

Other Related Materials

Succession Planning Procedure

References/Legal Authority

MDHHS-PIHP Contract

Change Log:

Date of Change	Description of Change	Responsible Party
05.15.2015	New Policy	Chief Executive Officer
05.03.2016	Annual Review	Chief Executive Officer
06.12.2017	Annual Review	Deputy Director
05.17.2018	Annual Review	Deputy Director
05.01.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director
02.2023	Biennial Review	Deputy Director Chief Executive Officer