

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
BOARD MEETING**

Patrick Barrie Room

3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI

Wednesday, September 11, 2024, 6:00 PM

To join by telephone:

1-616-272-5542

Meeting ID: 532 335 355#

To join by computer:

[Click here to join the meeting](#)

Meeting ID: 269 309 172 107, Passcode: 9LBXbp

Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 8-14-2024 Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (3 minutes per participant)	
VI. Old Business	30 min
a. Information: FY2024 Finance Report through July 31, 2024 {Att. #2}	
b. Information: Board Conflict of Interest Forms	
VII. New Business	45 min
a. Board Action: FY2025 Annual Budget {Att. #3}	
b. Board Action: Authorization for CEO to Execute FY2025 Contracts {Att. #4}	
c. Board Action: Authorization for CEO to Execute FY2025 MDHHS/PIHP Contract {Att. #5}	
d. Board Action: September 2025 Regional Board Meeting Potential Reschedule {Att. #6}	
e. Board Action: SUS Program Coordinator Position Reclassification {Att. #7}	
f. Board Action: Financial Stability & Risk Reserve Management Policy {Att. #8}	
g. Board Action: FY2025 Employee Handbook {Att. #9}	
h. Board Action: Board Office Election Chair or Committee Appointment	
VIII. Reports to the CMHPSM Board	15 min
a. Information: SUD Oversight Policy Board {Att. #10}	
b. Information: CEO Report to the Board {Att. #11}	
IX. Adjournment	

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
August 14, 2024**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Not Present For In-Person Quorum: Patrick Bridge, Annie Somerville

Staff Present: Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Stacy Pijanowski, Lisa Graham, Trish Cortes, CJ Witherow, Kate Aulette, Richard Carpenter, Kathryn Szewczuk, Michelle Sucharski

Guests Present:

- I. Call to Order
Meeting called to order at 6:05 p.m. by Board Chair Bob King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by R. Curley, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the June 12, 2024 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Pizzimenti, to approve the minutes of the 06/12/2024 meeting and waive the reading thereof
Motion carried
- V. Audience Participation
 - Dick Sager of Home Inc. (Monroe) provided public comment on service rates.
- VI. Old Business
 - a. Information: Finance Report through June 30, 2024
 - M. Berg presented. Discussion followed.
 - b. Monroe Finance Update Discussion
 - Lisa Graham, Monroe Executive Director, and Richard Carpenter, Monroe CFO, joined the board to discuss Monroe CMH's FY2023 deficit.
 - Per R. Carpenter, some contributing factors to the deficit included an increase in provider claims, an increase in cost for internal contracted provider services, and a decrease in stability payments from FY2022 to FY2023.
 - Per R. Carpenter, some issues that delayed the discovery of the deficit included a new general ledger (GL) system that was implemented at the beginning of FY2023 by a previous CFO, as well as turnover and performance of the 2 previous CFOs and finance staff.

CMHPSM Mission Statement

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- Monroe has now implemented a more functional GL system and has implemented processes to prevent and detect issues, such as reconciling claims with the GL on a monthly basis and having segregation of duties among finance staff.
- L. Graham now reviews and approves all high-cost specialized care cases.
- Roslund-Prestage's FY2023 audit was clean.
- J. Colaianne advised that the region has implemented a new monthly reporting tool for all 4 CMHs and the PIHP that includes actual costs/spending. The report is reviewed monthly at the regional meeting of the directors and their finance officers.

VII. New Business

a. Action: FY2024 Provider Stabilization Funding

Motion by M. Welch Marahar, supported by M. Serio, to approve funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services. A 5% rate adjuster funding amount was calculated based upon actual services delivered during FY2023 Q1 and Q2 (October 1, 2023 – March 31, 2024). The projected revenue will be allocated to the CMHSPs to be passed through to the regional provider network for FY2024. Service provider rate adjuster payments will be made by the CMHPSM and our partner CMHSPs based upon actual services delivered throughout FY2024 and thus may differ from initial projections

Motion carried

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill, R. Tillotson

No:

Not present for in-person vote: P. Bridge, A. Somerville

b. Information: FY2025 CMHPSM Budget Preview

- J. Colaianne and M. Berg presented.
- The preview is based on rate projections because the state hasn't released final rates yet.
- The board requested to see the impact of higher cost of living adjustment (COLA) rates for FY2025. The proposed budget includes a 3% COLA. The board would also like to consider an increase in the employer contribution to the employee retirement plan, depending on the impact to the budget. Staff will provide alternative options for the COLA and retirement contribution at next month's board meeting.

c. Information: CEO Contract Authorization

- J. Colaianne provided an overview of a recent contract that was signed within the CEO's authority. The funding will be used to develop and sustain a student-initiated and led campus organization focused on recovery from Substance Use Disorders and train a student leader to lead recovery support meetings in Monroe County.

d. Action: FY2025 Regional Board Meeting Schedule

Motion by M. Welch Marahar, supported by J. Ackley, to approve the FY2025 Regional Board meeting schedule

Motion carried

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill, R. Tillotson

No:

Not present for in-person vote: P. Bridge, A. Somerville

CMHPSM Mission Statement

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VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board

- No Meeting

b. Information: CEO Report to the Board

- J. Colaianne’s written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.
- J. Colaianne provided an update on the region’s financial status as well as that of the other PIHPs across the state. Region 6 is one of 4 PIHPs that are projected to use less of their current revenue to cover services this year. A combined \$80 million deficit is being projected for the other 6 PIHPs.
- J. Colaianne provided an overview of a notice from state, received on Friday evening, 8/9/24, related to the fiscal year FY2022 settlement.
- J. Colaianne requested the board’s approval to respond by letter noting an additional \$1.3 million will be returned to MDHHS from FY2022, which would have otherwise gone into the ISF within MDHHS year-end limits. The letter will document the Boards’s reluctant approval to participate in this one-sided settlement for FY2022, however the exception will complete contract closeout for FY2018-2022.

Motion by M. Welch Marahar, supported by A. Rooks, to authorize CEO J. Colaianne to communicate acceptance of the proposed settlement of \$1.3 million for FY2022, with language that notes the board’s objection to the flawed logic that arrived at this settlement amount

Motion carried

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill, R. Tillotson

No:

Not present for in-person vote: P. Bridge, A. Somerville

c. Information: Employee Engagement Survey Results

- The board received the 2024 Employee Engagement Survey results.

IX. Adjournment

Motion by A. Rooks, supported by H. Terrill, to adjourn the meeting

Motion carried

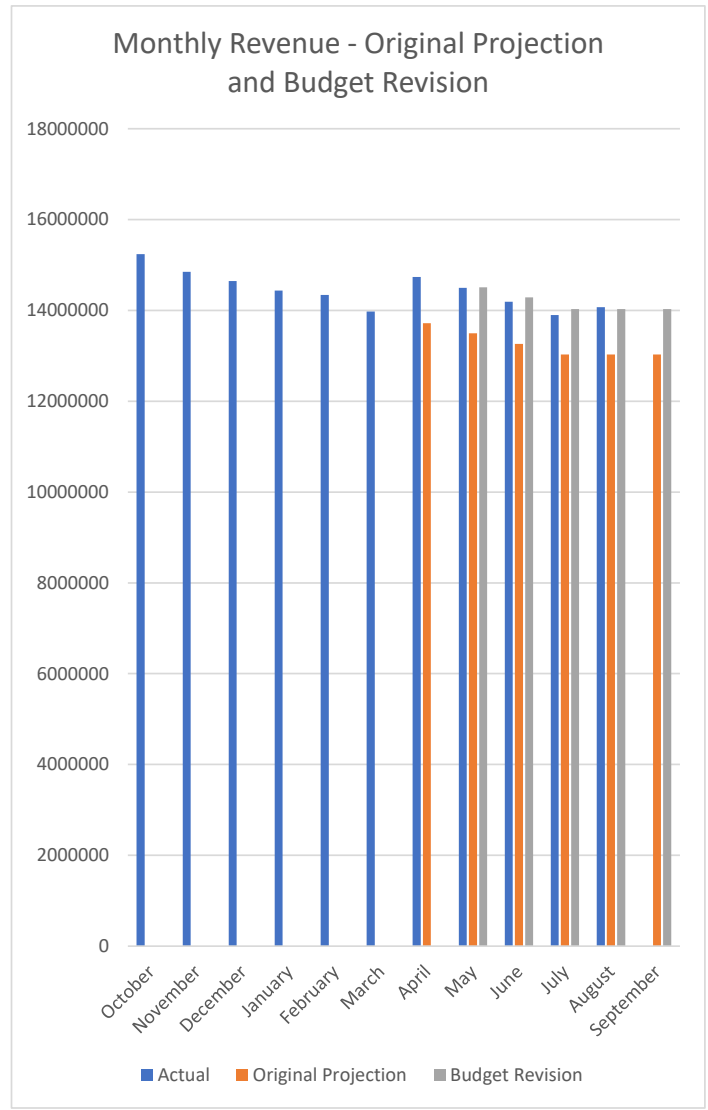
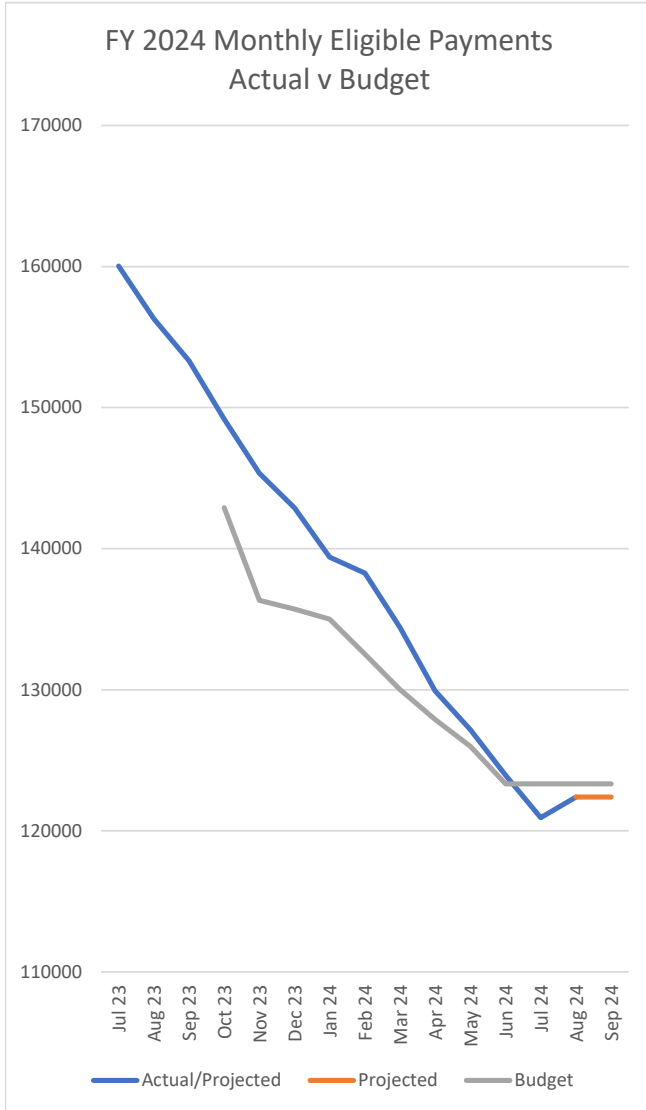
- The meeting was adjourned at 8:10 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

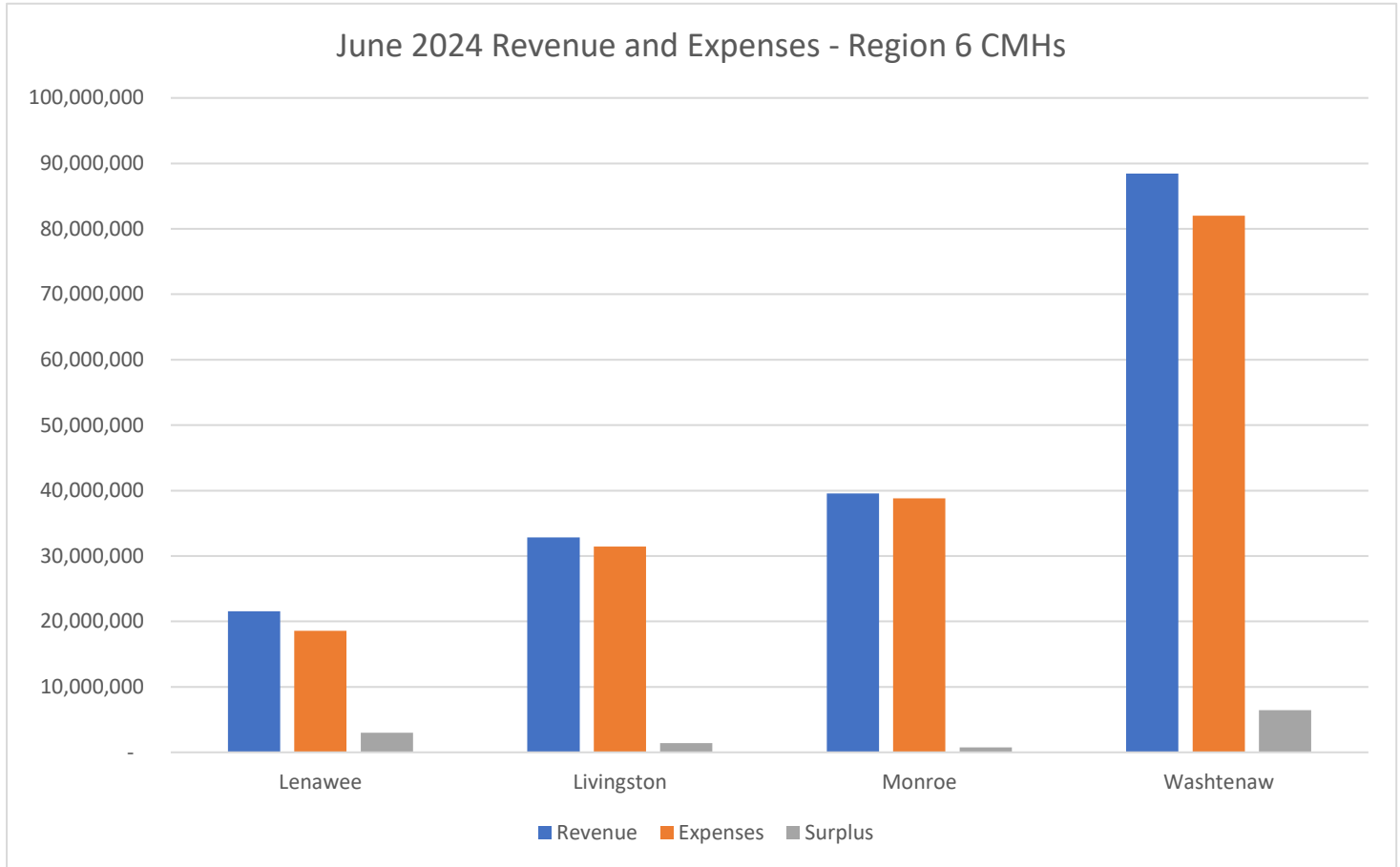
Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Community Mental Health Partnership of Southeast Michigan
Financial Summary for July 31, 2024



Operating Activities	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	253,779,643	213,845,407	214,543,047	697,640	0	253,779,643	-
MH Medicaid Expenses	250,021,112	209,621,304	210,734,620	(1,113,316)	-0.5%	250,386,462	365,350
MH Medicaid Net	3,758,531	4,224,103	3,808,427	(415,676)	-9.8%	3,393,181	(365,350)
SUD/Grants Revenue	23,570,266	19,253,759	21,212,963	1,959,204	10.2%	24,729,108	1,158,842
SUD/Grants Expenses	22,005,574	18,306,493	19,872,992	1,566,499	-8.6%	23,564,874	1,559,300
SUD/Grants Net	1,564,692	947,265	1,339,971	392,705	-41.5%	1,164,234	(400,458)
PIHP							
PIHP Revenue	2,049,180	1,734,180	1,764,745	30,565	1.8%	2,079,745	30,565
PIHP Expenses	3,185,842	2,635,196	2,272,551	(362,645)	13.8%	3,185,842	-
PIHP Total	(1,136,662)	(901,016)	(507,806)	393,210	43.6%	(1,106,097)	30,565
Total Revenue	279,399,089	234,833,346	237,520,755	2,687,409	1.1%	280,588,496	1,189,407
Total Expenses	275,212,528	230,562,993	232,880,163	(2,317,170)	-1.0%	277,137,178	(1,924,650)
Total Net	4,186,561	4,270,353	4,640,592	370,239	8.7%	3,451,318	(735,243)

Regional CMH Revenue and Expenses
Regional Charts



June 2024	Lenawee	Livingston	Monroe	Washtenaw	Region 6
Medicaid Revenue	19,646,160	31,009,333	31,264,081	74,141,641	156,061,215
Healthy Michigan Revenue	1,903,362	1,850,783	2,145,226	4,616,442	10,515,813
CCBHC Revenue			6,149,838	9,689,744	15,839,582
Revenue Subtotal	21,549,522	32,860,116	39,559,145	88,447,827	182,416,610
Medicaid Expenses	(16,628,775)	(28,923,221)	(28,173,285)	(59,584,068)	(133,309,349)
Healthy Michigan Expenses	(1,938,758)	(2,522,985)	(1,621,832)	(5,180,915)	(11,264,490)
CCBHC Expenses			(9,004,243)	(17,231,625)	(26,235,868)
Expense Subtotal	(18,567,533)	(31,446,206)	(38,799,360)	(81,996,608)	(170,809,707)
Total Medicaid/HMP Surplus(Deficit)	2,981,989	1,413,910	759,785	6,451,219	11,606,903
Surplus Percent of Revenue	15.2%	4.6%	2.4%	8.7%	7.4%

**Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenue and Expenses Notes
Period Ending July 31, 2024**

SUMMARY PAGE

CMHPSM Assets

1. The following chart compares the liquid assets of CMHPSM at the start of FY2024 and at the end of the reporting period, July 31, 2024. Total interest and investment earnings year to date are \$856,123 with \$703,691 attributed to the ISF and \$152,432 to the PA2 Reserve.

Without formally accepting our FY2022 Final FSR, and with no prior notice, MDHHS pulled the net amount of the FY2018-2022, (\$7,497,592), from the August 2024 capitated payments. Our CMHPSM cash balance will be lower until we fully settle FY2018-FY2022 with the CMHSPs.

Asset Type	Description	September 2023	July 2024
Cash	Operations	4,225,892	2,228,274
	Total Cash	4,225,892	2,228,274
	Investments		
	CD		
	Money Market	12,549,074	11,705,666
	US Treasuries	20,465,890	10,519,662
	Total Investments	33,014,964	22,225,328
Total Liquid Assets		37,240,856	24,453,602

Medicaid Mental Health

1. Medicaid revenue and expenses are both within 1% of budget.

Medicaid and Grant Substance Use Services

1. Substance Use revenue is about 10.2% over budget. This is mostly due to increased Healthy Michigan revenue and grant expenditures.
2. Substance Use expenses are (8.6%) over budget. This is also due to increased Healthy Michigan and grant spending.

PIHP Administration

1. PIHP revenue is on budget.
2. PIHP expenses are 13.8% below budget due to open positions and Contracts & Other coming in below budget.

FY2018 & FY2019 DEFICIT UPDATE

The following charts were copied from the F2023 Financial Audit presented to the Board in April 2024.

Note 6 shows the amount of Funds held by the CMHs for Fiscal Year 2020, 2021 and 2022. These amounts will be cost settled when FY2018 & 2019 are cost settled with the state.

Note 7 Shows the total amount due to the PIHP from MDHHS as of 9/20/22. This amount includes \$10,997,115 due to the PIHP for Fiscal Year 2018 & 2019.

Note 10 shows the total amount due from the PIHP to the CMHs. This amount includes the \$10,997,115 due from MDHHS. It does not include the \$14,885,793 paid to the CMHs in October and November of 2023.

NOTE 6 - DUE FROM AFFILIATE PARTNERS

Due from other affiliate partners as of September 30th consists of the following:

Description	Amount
Lenawee Community Mental Health Authority	7,786,456
Community Mental Health Services of Livingston County	8,766,003
Monroe Community Mental Health Authority	1,287,300
Washtenaw County Community Mental Health	16,001,339
Totals	33,841,098

NOTE 7 - DUE FROM MDHHS

Due from MDHHS as of September 30th consists of the following:

Description	Amount
Due from MDHHS - PBIP/Withhold	2,260,510
Due from MDHHS - FY18 State Shared Risk	7,517,412
Due from MDHHS - FY19 State Shared Risk	3,479,703
Due from MDHHS - HRA 4th Quarter	1,465,772
Grants Receivable	3,375,324
Totals	18,098,721

NOTE 10 - DUE TO AFFILIATE PARTNERS

Due to Affiliate Partners as of September 30th consists of the following:

Description	Amount
Lenawee Community Mental Health Authority	107,250
Community Mental Health Services of Livingston County	3,853,816
Monroe Community Mental Health Authority	10,339,564
Washtenaw County Community Mental Health	16,808,548
Total	31,109,178

**Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending July 31, 2024**

	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
MEDICAID							
MEDICAID REVENUE							
Medicaid/Medicaid CCBHC	128,391,843	106,993,203	107,134,117	140,915	0.1%	128,391,843	-
Medicaid Waivers	61,704,640	51,420,533	51,426,543	6,010	0.0%	61,704,640	-
HMP/HMP CCBHC	14,272,296	11,893,580	11,975,539	81,959	0.7%	14,272,296	-
Medicaid Autism	17,600,547	14,667,123	15,111,615	444,493	3.0%	17,600,547	-
Prior Year Carry Forward	3,849,666	3,849,666	3,849,666	-	0.0%	3,849,666	-
Prior Year Recovery	(345,001)	(258,751)	(258,751)	-	0.0%	(345,001)	-
Behavioral Health Home CCBHC	1,213,586	1,011,322	1,085,843	74,521	7.4%	1,213,586	-
CCBHC	21,692,066	18,076,722	18,026,465	(50,257)	-0.3%	21,692,066	-
HRA Revenue	5,400,000	6,192,010	6,192,010	-	0.0%	5,400,000	-
Medicaid Revenue	253,779,643	213,845,407	214,543,047	697,640	0.3%	253,779,643	-
MEDICAID EXPENDITURES							
IPATax	2,481,014	1,645,879	1,645,879	-	0.0%	2,481,014	-
HRA Payments	5,400,000	6,192,010	6,192,010	-	0.0%	5,400,000	-
Lenawee CMH							
Medicaid (b) & 1115i	17,931,110	14,942,592	14,872,663	69,929	0.5%	17,931,110	-
Medicaid Waivers	7,197,756	5,998,130	6,062,739	(64,609)	-1.1%	7,197,756	-
Healthy Michigan Expense	2,537,816	2,114,847	2,114,847	(0)	0.0%	2,537,816	-
Autism Medicaid	1,096,819	914,016	969,364	(55,348)	-6.1%	1,096,819	-
Behavioral Health Homes	51,164	42,637	42,741	(104)	-0.2%	51,164	-
DHIP	-	-	45,007	(45,007)	-	90,014	90,014
Lenawee CMH Total	28,814,665	24,012,221	24,107,361	(95,140)	-0.4%	28,904,679	90,014
Livingston CMH							
Medicaid (b) & 1115i	26,133,028	21,777,523	21,480,440	297,083	1.4%	26,133,028	-
Medicaid Waivers	9,929,468	8,274,557	8,177,321	97,236	1.2%	9,929,468	-
Healthy Michigan Expense	2,467,711	2,056,426	2,056,426	(0)	0.0%	2,467,711	-
Autism Medicaid	5,309,239	4,424,366	4,692,284	(267,918)	-6.1%	5,309,239	-
Behavioral Health Homes	76,122	63,435	59,275	4,160	6.6%	76,122	-
DHIP	-	-	83,660	(83,660)	-	167,320	167,320
Livingston CMH Total	43,915,568	36,596,307	36,549,406	46,901	0.1%	44,082,888	167,320
Monroe CMH							
Medicaid	22,189,214	18,491,012	18,357,567	133,445	0.7%	22,189,214	-
Medicaid Waivers	11,799,227	9,832,689	9,434,821	397,868	4.0%	11,799,227	-
Healthy Michigan	2,860,301	2,383,584	2,383,584	0	0.0%	2,860,301	-
Autism Medicaid	2,066,470	1,722,058	1,826,338	(104,280)	-6.1%	2,066,470	-
CCBHC Supplemental	7,191,388	5,992,823	6,835,490	(842,667)	-14.1%	7,191,388	-
CCBHC Base Capitation	6,000,000	5,000,000	5,000,000	-	0.0%	6,000,000	-
Behavioral Health Homes	335,062	279,218	249,893	29,325	10.5%	335,062	-
DHIP	-	-	39,712	(39,712)	-	79,424	79,424
Monroe CMH Total	52,441,662	43,701,385	44,127,405	(426,020)	-1.0%	52,521,086	79,424
Washtenaw CMH							
Medicaid	49,969,192	41,640,993	41,208,059	432,934	1.0%	49,969,192	-
Medicaid Waivers	32,610,867	27,175,723	26,944,265	231,458	0.9%	32,610,867	-
Healthy Michigan Expense	6,155,256	5,129,380	5,129,380	-	0.0%	6,155,256	-
Autism Medicaid	7,423,397	6,186,164	6,560,768	(374,604)	-6.1%	7,423,397	-
CCBHC Supplemental	11,800,970	9,834,142	10,718,221	(884,079)	-9.0%	11,800,970	-
CCBHC Base Capitation	8,500,000	7,083,333	7,083,333	0	0.0%	8,500,000	-
Behavioral Health Homes	508,521	423,768	454,237	(30,470)	-7.2%	508,521	-
DHIP	-	-	14,296	(14,296)	-	28,592	28,592
Washtenaw CMH Total	116,968,203	97,473,503	98,112,559	(639,056)	-0.7%	116,996,795	28,592
Medicaid Expenditures	250,021,112	209,621,304	210,734,620	(1,113,316)	-0.5%	250,386,462	365,350
Medicaid Total	3,758,531	4,224,103	3,808,427	(415,676)	-9.8%	3,393,181	(365,350)

**Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending July 31, 2024**

	Budget R1 FY 2024	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
SUD/GRANTS							
SUD/GRANTS REVENUE							
Healthy Michigan Plan SUD	8,667,532	7,222,943	7,316,225	93,282	1.3%	8,779,470	111,938
Medicaid SUD	4,172,534	3,477,112	3,384,394	(92,718)	-2.7%	4,061,273	(111,261)
PA2 - Reserve Investment	20,000	16,667	183,496	166,829			
PA2 - Tax Revenue (Est)	1,397,444	776,407	1,440,136	663,729	85.5%	1,397,444	-
PA2 - Use of Reserve (Est)	0	-	146,278	146,278	0.0%	0	-
Federal/State Grants	8,702,756	7,252,297	8,172,023	919,726	12.7%	9,806,428	1,103,672
Opioid Health Homes	610,000	508,333	570,411	62,078	10.9%	684,493	74,493
SUD/Grants REVENUE	23,570,266	19,253,759	21,212,963	1,959,204	10.2%	24,729,108	1,158,842
				0			
				0			
SUD/GRANTS EXPENDITURES							
SUD Administration							
Salaries & Fringes	1,227,918	991,780	836,758	(155,022)	15.6%	1,227,918	-
Indirect Cost Recovery	(427,500)	(356,250)	(356,250)	0	0.0%	(427,500)	-
SUD Administration	800,418	635,530	480,508	(155,022)	-24.4%	800,418	-
Lenawee SUD Services	1,911,748	1,593,123	1,630,784	37,661	-2.4%	1,956,941	45,193
Livingston SUD Services	2,250,253	1,875,211	1,996,706	121,495	-6.5%	2,396,047	145,794
Monroe SUD Services	3,731,736	3,109,780	3,194,046	84,266	-2.7%	3,832,855	101,119
Washtenaw SUD Services	7,709,340	6,424,450	6,743,162	318,712	-5.0%	8,091,794	382,454
Opioid Health Homes	488,000	406,667	467,441	60,774	-14.9%	560,929	72,929
Veteran Navigation	205,383	171,153	168,528	(2,625)	1.5%	202,234	(3,149)
COVID Grants	2,655,383	2,212,819	2,532,623	319,804	-14.5%	2,532,623	(122,760)
SOR	1,998,619	1,665,516	2,105,770	440,254	-26.4%	2,526,924	528,305
Gambling Prevention Grant	24,520	20,433	54,757	34,324	-168.0%	65,708	41,188
Tobacco/Other	90,880	75,733	257,384	181,651	-239.9%	308,861	217,981
Women's Specialty Services	139,294	116,078	241,283	125,205	-107.9%	289,540	150,246
		-					
SUD/Grants Expenditures	22,005,574	18,306,493	19,872,992	1,566,499	8.6%	23,564,874	1,559,300
SUD/Grants Total	1,564,692	947,265	1,339,971	392,705	-41.5%	1,164,234	(400,458)
PIHP							
PIHP REVENUE							
Incentives (Est)	1,890,000	1,575,000	1,575,000	-	0.0%	1,890,000	-
Local Match	159,180	159,180	159,180	-	0.0%	159,180	-
Other Income			30,565	30,565		30,565	30,565
PIHP Revenue	2,049,180	1,734,180	1,764,745	30,565	1.8%	2,079,745	30,565
PIHP EXPENDITURES							
PIHP Admin							
Local Match	159,180	159,180	159,180	-	0.0%	159,180	-
Salaries & Fringes	1,801,909	1,455,388	1,258,257	(197,131)	-13.5%	1,801,909	-
Contracts & Other	1,221,753	1,018,128	854,218	(163,910)	-16.1%	1,221,753	-
PIHP Admin	3,182,842	2,632,696	2,271,655	(361,041)	13.7%	3,182,842	-
Board Expense	3,000	2,500	896	(1,604)	-64.2%	3,000	-
PIHP Expenditures	3,185,842	2,635,196	2,272,551	(362,645)	13.8%	3,185,842	-
PIHP Total	(1,136,662)	(901,016)	(507,806)	393,210	-43.6%	(1,106,097)	30,565
Organization Total	4,186,561	4,270,353	4,640,592	370,239	8.7%	3,451,318	(735,243)
Totals							
Revenue	279,399,089	234,833,346	237,520,755	2,687,409	-1.1%	280,588,496	1,189,407
Expenses	275,212,528	230,562,993	232,880,163	(2,317,170)	1.0%	277,137,178	1,924,650
Net	4,186,561	4,270,353	4,640,592	370,239	8.7%	3,451,318	(735,243)



**FY2025
BUDGET**
OCTOBER 1, 2024 –
SEPTEMBER 30, 2025

SEPTEMBER 11, 2024

MISSION

- Through effective partnerships, the CMHPSM ensures and supports the provision of high-quality integrated care that is cost effective and focuses on improving the health, wellness and quality of life of people living in our region.

VISION

- The CMHPSM shall strive to address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.



VALUES

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared Governance
- Innovative and Data Driven Decision Making
- Learning Organization



PIHP Retained Functions



- Oversight Monitoring of all PIHP Retained and Delegated Functions
- PIHP Regional Financial Management
- Regional Licensed Independent Practitioner Credentialing

Delegated Functions



- Service Access and Pre-Authorization of Medically Necessary Services
- Clinical Care Coordination and Community Collaboration
- Customer Services & Rights and Responsibilities
- Utilization Management
- Provider Network Management




REVENUE ASSUMPTIONS

CMHPSM FY2025 BUDGET



CMHPSM REVENUE PROJECTION METHODOLOGY

 Eligible individual population levels are projected to stay consistent through FY2025.

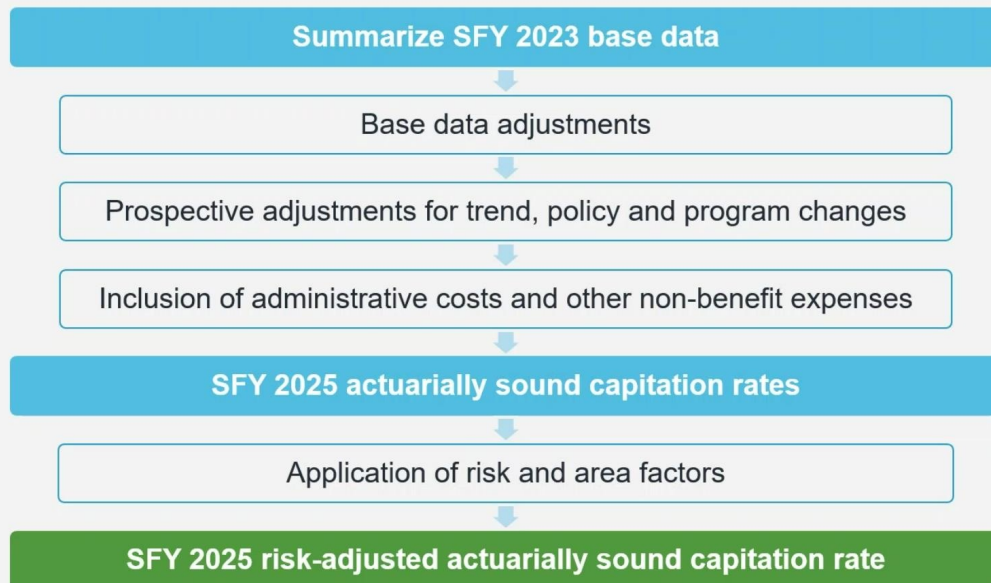
 The CMHPSM will continuously monitor enrollment across all programs throughout FY2025, including the churn between program types.

 Increase in per member per month (PMPM) FY2025 rates to account for the decrease in eligible individuals in comparison to FY2024 Q1-3.

 We currently project revenue to increase in FY2025 in comparison to FY2024.



Capitation Rate Methodology Overview



Acuity Adjustment



FY2025 RATE MEETING INFORMATION FROM
9/6/2024 MEETING - NOT FINAL

ACUITY ADJUSTMENT DEVELOPMENT

	[A]	[B]	[C] = [B] / [A]
POPULATION	2023 PMPM - ALL MEMBERS	PROJECTED 2023 PMPM OF REMAINING SFY 2025 MEMBERS	ACUITY FACTOR
DAB	\$321	\$348	1.08
HMP	\$37	\$46	1.24
TANF	\$30	\$33	1.12

POPULATION	PEAK SFY 2023 POPULATION	PROJECTED SFY 2025 POPULATION	RETAINED MEMBERS %
DAB	6,640,000	5,789,000	87%
HMP	12,684,000	8,525,000	67%
TANF	18,437,000	14,848,000	81%

Note: Enrollment numbers have been rounded for illustrative purposes. Unrounded enrollment was used to calculate actual adjustment factors.

Approximately 60% of funding lost due to decreased enrollment is being added back in within the acuity adjustment.



SFY 2025 Capitation Rates - Excluding HRA



FY2025 RATE MEETING INFORMATION FROM
9/6/2024 MEETING - NOT FINAL

POPULATION	SFY 2024 APRIL AMENDED CAPITATION RATES	SFY 2025 CAPITATION RATES	INCREASE/DECREASE
Specialty Services			
DAB - Enrolled	\$ 385.68	\$ 425.13	10.2%
DAB - Unenrolled	376.69	394.81	4.8%
HMP - Enrolled	46.32	56.34	21.6%
HMP - Unenrolled	37.71	43.18	14.5%
TANF - Enrolled	38.94	44.92	15.4%
TANF - Unenrolled	23.78	28.14	18.3%
1915(c) Waiver			
Children's Waiver Program	3,316.80	3,184.17	(4.0%)
Habilitative Supports Waiver	7,103.94	7,372.56	3.8%
Serious Emotional Disturbances	1,964.28	671.74	(65.8%)
Composite Base Capitation Rates	\$ 129.71	\$ 141.26	8.9%

Notes:

- Reflects composite rates for all services (MH, SUD, Autism) based on projected SFY 2025 enrollment.
- Note, SED Waiver capitation rates are reduced primarily because of Wraparound transitioning from a waiver service to the state plan consistent with the 1915(c) Waiver Renewal recently submitted to CMS.



Comparison of Enrollment Projections

ENROLLMENT PROJECTIONS

MONTH	DAB	TANF	HMP	TOTAL
February 2020 (Pre-covid)	500,300	1,216,700	669,000	2,386,000
October-23	540,000	1,445,500	970,600	2,956,100
November-23	531,600	1,411,700	937,200	2,880,500
December-23	525,900	1,389,700	909,100	2,824,700
January-24	519,700	1,372,500	879,300	2,771,500
February-24	513,300	1,349,500	848,400	2,711,200
March-24	506,900	1,328,400	820,500	2,655,800
April-24	501,600	1,305,700	786,300	2,593,600
May-24	493,500	1,276,600	744,400	2,514,500
June-24	485,100	1,247,800	717,100	2,450,000
July-24	482,400	1,237,300	710,400	2,430,100
August-24	482,400	1,237,300	710,400	2,430,100
September-24	482,400	1,237,300	710,400	2,430,100
SFY 24 Average Monthly Projected Enrollment	505,400	1,320,000	812,000	2,637,400
SFY 25 Average Monthly Projected Enrollment	482,400	1,237,300	710,400	2,430,100

Emerging experience

Projected disenrollments

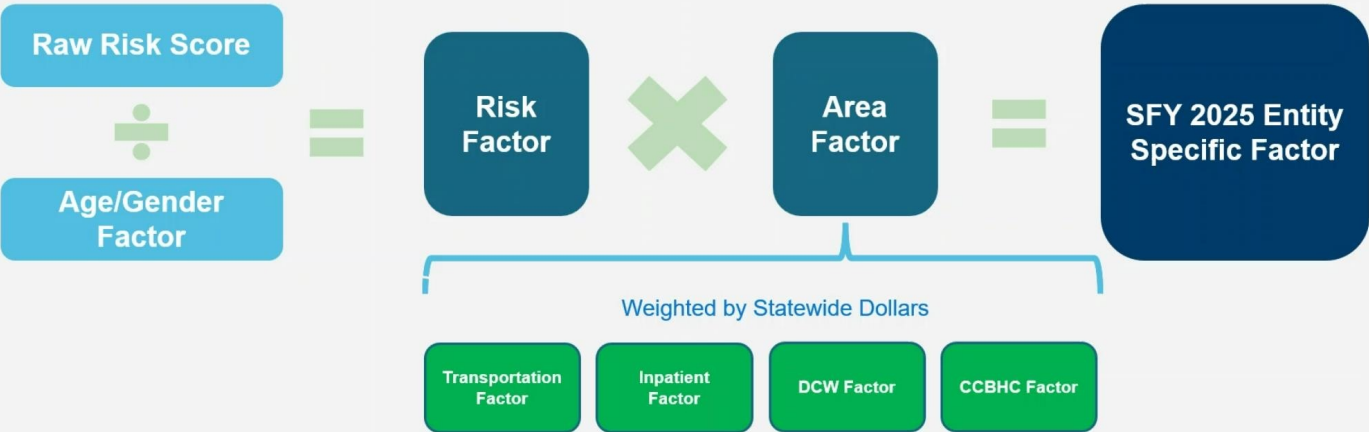
Capitation rates reflect projected enrollment levels consistent with the end of SFY 2024

Notes:
 - February 2020 included as a comparison to "Pre-Pandemic" enrollment levels.
 - Values have been rounded to the nearest hundred



SFY 2025 Capitation Rate Methodology

Entity Specific Factor



Note the SFY 2025 entity factor is then blended 50/50 with the SFY 2024 entity specific factor and normalized for budget neutrality to create the SFY 2025 Effective Entity Specific Factor



SFY 2025 Area Factors Change From Prior Year



FY2025 RATE MEETING INFORMATION FROM
9/6/2024 MEETING - NOT FINAL

MANAGED CARE ENTITY	SFY 2025 FINAL FACTORS	PREVIOUS 2024 FACTORS	PERCENTAGE CHANGE
NorthCare Network	1.093	1.097	(0.3%)
Northern Michigan Regional Entity	1.027	1.030	(0.3%)
Lakeshore Regional Entity	0.980	0.979	0.1%
Southwest Michigan Behavioral Health	0.993	0.990	0.3%
Mid-State Health Network	0.989	0.991	(0.2%)
CMH Partnership of Southeast Michigan	1.025	1.015	0.9%
Detroit Wayne Mental Health Authority	1.010	1.010	(0.1%)
Oakland County CMH Authority	1.004	1.001	0.3%
Macomb County CMH Services	1.009	1.013	(0.4%)
Region 10 PIHP	0.979	0.979	0.1%



PIHP Entity Specific SFY 2025 Factor Change



FY2025 RATE MEETING INFORMATION FROM
9/6/2024 MEETING - NOT FINAL

MANAGED CARE ENTITY	SFY 2024 ENTITY SPECIFIC FACTOR	SFY 2025 ENTITY SPECIFIC FACTOR	PERCENT CHANGE	PERCENT CHANGE INCLUDING HSW
NorthCare Network	1.057	1.047	(0.9%)	(0.9%)
Northern Michigan Regional Entity	1.017	1.006	(1.1%)	(1.0%)
Lakeshore Regional Entity	0.955	0.943	(1.2%)	(1.2%)
Southwest Michigan Behavioral Health	0.836	0.849	1.5%	1.1%
Mid-State Health Network	1.094	1.075	(1.7%)	(1.6%)
CMH Partnership of Southeast Michigan	1.054	1.107	5.0%	3.7%
Detroit Wayne Mental Health Authority	0.930	0.919	(1.1%)	(1.0%)
Oakland County CMH Authority	1.298	1.352	4.2%	3.5%
Macomb County CMH Services	0.922	0.932	1.1%	0.9%
Region 10 PIHP	1.015	1.001	(1.3%)	(1.3%)

Notes:
1. SFY 2024 and SFY 2025 entity specific factors reflect a 50/50 blend of current year risk and area factors and prior year risk and area factors.
2. SFY 2025 entity specific factors have been normalized to be budget neutral to MDHHS.



Overview of DCW Adjustment

Background and Methodology

SFY 2025 BH capitation rates will account for the anticipated number of hours direct-care workers will spend working overtime in SFY 2025

Assumption is 10% of all DCW hours in SFY 2025 will be overtime hours. This is based on annual Salary & Wage Survey data

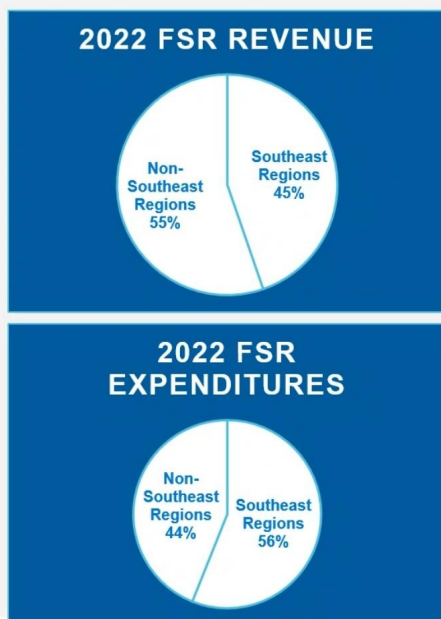
DCW funding includes:

- \$3.20 per hour increase grossed up for 12% for employee related expenses (ERE) for 90% of DCW hours (non-overtime)
- \$4.80 per hour increase grossed up for 12% ERE for 10% of DCW hours (the assumed percentage of overtime hours)



Area Factor Methodology

DCW Factor Component



$$\left(\frac{\text{Percent of Expenses}}{\text{Percent of Revenue}} \right) = \text{Final DCW Factor}$$



We have developed an area factor adjustment for the Southeast Regions separately from the Non-Southeast Regions to target projected DCW Directed Payment revenue to align with projected DCW Directed Payment expenses

EXPENDITURE ASSUMPTIONS

CMHPSM FY2025 BUDGET



FY2025 DIRECT CARE PREMIUM PAY

- FY2025 direct care worker premium pay has been increased by \$0.20/hour from FY2024 per the approved State of Michigan SFY2025 budget. Statewide capitated payment rates have been actuarially calculated to include the now \$3.40/hour premium pay for FY2025 and employer expenses. Capitated payment rates are built with the assumption that 10% of services are delivered with employees on overtime.
- Direct care workers delivering premium pay eligible services must be paid the additional \$3.40/hour for all non-overtime hours worked. An additional \$0.84/hour is built into regional service reimbursement rates for premium pay related employer costs, including overtime.
- Applicable provider fee schedules will include the \$4.24/hour premium pay increase for the entirety of FY2025.



ASSUMPTIONS FOR CMHSP PARTNER BUDGETS

- The CMHSPs will continue to receive revenue with the same methodology used in FY2024 for FY2025. Medicaid and Healthy Michigan revenue will be distributed in 1/12th monthly payments at the levels indicated within the budget. Waiver related payments will be passed through to the appropriate CMHSP for each individual after the CMHPSM administrative expense is withheld.
- In FY2025, we are projecting a 7.5% increase over FY2024 revenue available for each of the CMHSP partner budgets. We are projecting that the CMHSPs will be able to increase certain contracted service rates, specifically unlicensed community living supports and overnight health and safety services.



FY2025 CMHPSM ADMINISTRATION COST OF LIVING ADJUSTMENT & RETIREMENT INCREASE

	COLA Increase %	FY2025 COLA Increase Cost	2% Retirement Match Increase	Total Annual Increased Cost
	0%	\$0	\$49,931	\$49,931
Recommended in Budget	3%	\$74,896	\$51,428	\$126,324
	4%	\$99,861	\$51,928	\$151,788
	5%	\$124,826	\$52,427	\$177,253



ASSUMPTIONS FOR FY2025 PIHP ADMINISTRATION

- Salaries are currently budgeted at appropriate tier placements and scheduled increases, including a 3% cost of living adjustment (COLA) for all CMHPSM employees effective October 1, 2024. Proposed salary tier information is on the following page.
- Fringe benefits are budgeted at 35.0% of salaries.
 - This fringe benefit increase includes an additional 2% in potential defined contribution match is included in the budget as well. This would increase our employer retirement contribution match from 6% to 8%.
- The CMHPSM administrative budget includes 27 full-time positions and two (2) part-time positions at the CMHPSM for a total of 28.0 full time equivalents (FTEs). A full staff position list is included in the packet.



Current
Salary Tiers
Effective
through
9/30/2024

Effective 10/1/2023-9/30/2024

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
A	Salary	\$43,265.00	\$46,742.00	\$48,290.00	\$49,838.00	\$52,029.00	\$54,220.00	\$56,411.00	\$58,602.00	\$60,793.00
A	Hourly	\$20.80	\$22.47	\$23.22	\$23.96	\$25.01	\$26.07	\$27.12	\$28.17	\$29.23
B	Salary	\$56,952.00	\$59,962.00	\$63,000.00	\$66,009.00	\$69,019.00	\$72,029.00	\$75,038.00	\$78,048.00	\$81,057.00
B	Hourly	\$27.38	\$28.83	\$30.29	\$31.74	\$33.18	\$34.63	\$36.08	\$37.52	\$38.97
C	Salary	\$60,363.00	\$63,745.00	\$67,156.00	\$70,538.00	\$73,949.00	\$77,331.00	\$80,742.00	\$84,152.00	\$87,535.00
C	Hourly	\$29.02	\$30.65	\$32.29	\$33.91	\$35.55	\$37.18	\$38.82	\$40.46	\$42.08
D	Salary	\$68,818.00	\$72,975.00	\$77,131.00	\$81,286.00	\$85,442.00	\$89,599.00	\$93,755.00	\$97,911.00	\$102,066.00
D	Hourly	\$33.09	\$35.08	\$37.08	\$39.08	\$41.08	\$43.08	\$45.07	\$47.07	\$49.07
E	Salary	\$86,016.00	\$90,746.00	\$95,474.00	\$100,204.00	\$104,933.00	\$109,662.00	\$114,421.00	\$119,149.00	\$123,879.00
E	Hourly	\$41.35	\$43.63	\$45.90	\$48.18	\$50.45	\$52.72	\$55.01	\$57.28	\$59.56

3%
Proposed
Cost of
Living
Adjustment
10/1/2024

3% COLA Proposed Effective 10/1/2024

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
A	Salary	\$44,563.00	\$48,144.00	\$49,739.00	\$51,333.00	\$53,590.00	\$55,847.00	\$58,103.00	\$60,360.00	\$62,617.00
A	Hourly	\$21.42	\$23.15	\$23.91	\$24.68	\$25.76	\$26.85	\$27.93	\$29.02	\$30.10
B	Salary	\$58,661.00	\$61,761.00	\$64,890.00	\$67,989.00	\$71,090.00	\$74,190.00	\$77,289.00	\$80,389.00	\$83,489.00
B	Hourly	\$28.20	\$29.69	\$31.20	\$32.69	\$34.18	\$35.67	\$37.16	\$38.65	\$40.14
C	Salary	\$62,174.00	\$65,657.00	\$69,171.00	\$72,654.00	\$76,167.00	\$79,651.00	\$83,164.00	\$86,677.00	\$90,161.00
C	Hourly	\$29.89	\$31.57	\$33.26	\$34.93	\$36.62	\$38.29	\$39.98	\$41.67	\$43.35
D	Salary	\$70,883.00	\$75,164.00	\$79,445.00	\$83,725.00	\$88,005.00	\$92,287.00	\$96,568.00	\$100,848.00	\$105,128.00
D	Hourly	\$34.08	\$36.14	\$38.19	\$40.25	\$42.31	\$44.37	\$46.43	\$48.48	\$50.54
E	Salary	\$88,596.00	\$93,468.00	\$98,338.00	\$103,210.00	\$108,081.00	\$112,952.00	\$117,854.00	\$122,723.00	\$127,595.00
E	Hourly	\$42.59	\$44.94	\$47.28	\$49.62	\$51.96	\$54.30	\$56.66	\$59.00	\$61.34

Employees move from their existing step to the next step after a positive score on their annual employee performance review.
Positions are graded for tier placement (A-E) by the leadership team, whenever significant changes to the job description are made.
Cost-of-living entire pay scale adjustments are brought to the Regional Board for review.



**Community Mental Health Partnership of Southeast Michigan
Draft FY 2025 Budget with Projected FY 2024 Results**

	Budget R1 FY 2024	Projected Year-End	FY 25 Draft 1 Budget	FY 2025 Final Proposed Budget
MEDICAID				
MEDICAID REVENUE				
Medicaid/Medicaid CCBHC	128,391,843	128,391,843	134,096,162	143,925,411
Medicaid Waivers	61,704,640	61,704,640	64,007,386	63,249,094
HMP/HMP CCBHC	14,272,296	14,272,296	16,708,529	18,250,726
Medicaid Autism	17,600,547	17,600,547	18,951,064	20,340,177
Prior Year Carry Forward	3,849,666	3,849,666	5,000,000	5,000,000
Prior Year Recovery	(345,001)	(345,001)		
Behavioral Health Home	1,213,586	1,213,586	1,365,255	1,365,255
CCBHC	21,692,066	21,692,066	22,000,000	22,000,000
HRA Revenue	5,400,000	5,400,000	13,000,000	13,000,000
Medicaid Revenue	253,779,643	253,779,643	275,128,396	287,130,663
MEDICAID EXPENDITURES				
IPATax	2,481,014	2,481,014	2,300,000	2,300,000
HRA Payments	5,400,000	5,400,000	13,000,000	13,000,000
Lenawee CMH		-		
Medicaid (b) & 1115i	17,931,110	17,931,110	18,678,193	18,348,157
Medicaid Waivers	7,197,756	7,197,756	7,369,129	8,665,374
Healthy Michigan Expense	2,537,816	2,537,816	2,969,245	2,728,152
Autism Medicaid	1,096,819	1,096,819	1,181,274	1,179,080
Behavioral Health Homes	51,164	51,164	57,558	57,558
DHIP		56,126		
Lenawee CMH Total	28,814,665	28,870,791	30,255,398	30,978,322
Livingston CMH				
Medicaid (b) & 1115i	26,133,028	26,133,028	27,254,559	28,217,708
Medicaid Waivers	9,929,468	9,929,468	10,165,880	10,045,446
Healthy Michigan Expense	2,467,711	2,467,711	2,887,222	3,156,819
Autism Medicaid	5,309,239	5,309,239	5,718,050	5,707,432
Behavioral Health Homes	76,122	76,122	85,635	85,635
DHIP		110,134		
Livingston CMH Total	43,915,568	44,025,702	46,111,346	47,213,039
Monroe CMH				
Medicaid	22,189,214	22,189,214	22,410,511	24,016,314
Medicaid Waivers	11,799,227	11,799,227	12,080,157	11,937,044
Healthy Michigan	2,860,301	2,860,301	3,346,552	3,659,040
Autism Medicaid	2,066,470	2,066,470	2,225,588	2,221,455
CCBHC Supplemental	7,191,388	7,191,388	8,624,000	8,624,000
CCBHC Base Capitation	6,000,000	6,000,000	6,000,000	6,450,000
Behavioral Health Homes	335,062	335,062	376,937	376,937
DHIP		55,067		
Monroe CMH Total	52,441,662	52,496,729	55,063,745	57,284,790
Washtenaw CMH				
Medicaid	49,969,192	49,969,192	52,224,587	54,524,586
Medicaid Waivers	32,610,867	32,610,867	33,387,304	32,991,767
Healthy Michigan Expense	6,155,256	6,155,256	7,201,650	7,874,111
Autism Medicaid	7,423,397	7,423,397	7,994,999	7,980,152
CCBHC Supplemental	11,800,970	11,800,970	12,936,000	12,936,000
CCBHC Base Capitation	8,500,000	8,500,000	8,500,000	9,137,500
Behavioral Health Homes	508,521	508,521	572,074	572,074
DHIP		19,062		
Washtenaw CMH Total	116,968,203	116,987,265	122,816,613	126,016,189
Medicaid Expenditures	250,021,112	250,261,501	269,547,103	276,792,340
Medicaid Total	3,758,531	3,518,142	5,581,293	10,338,323

Community Mental Health Partnership of Southeast Michigan
Draft FY 2025 Budget with Projected FY 2024 Results

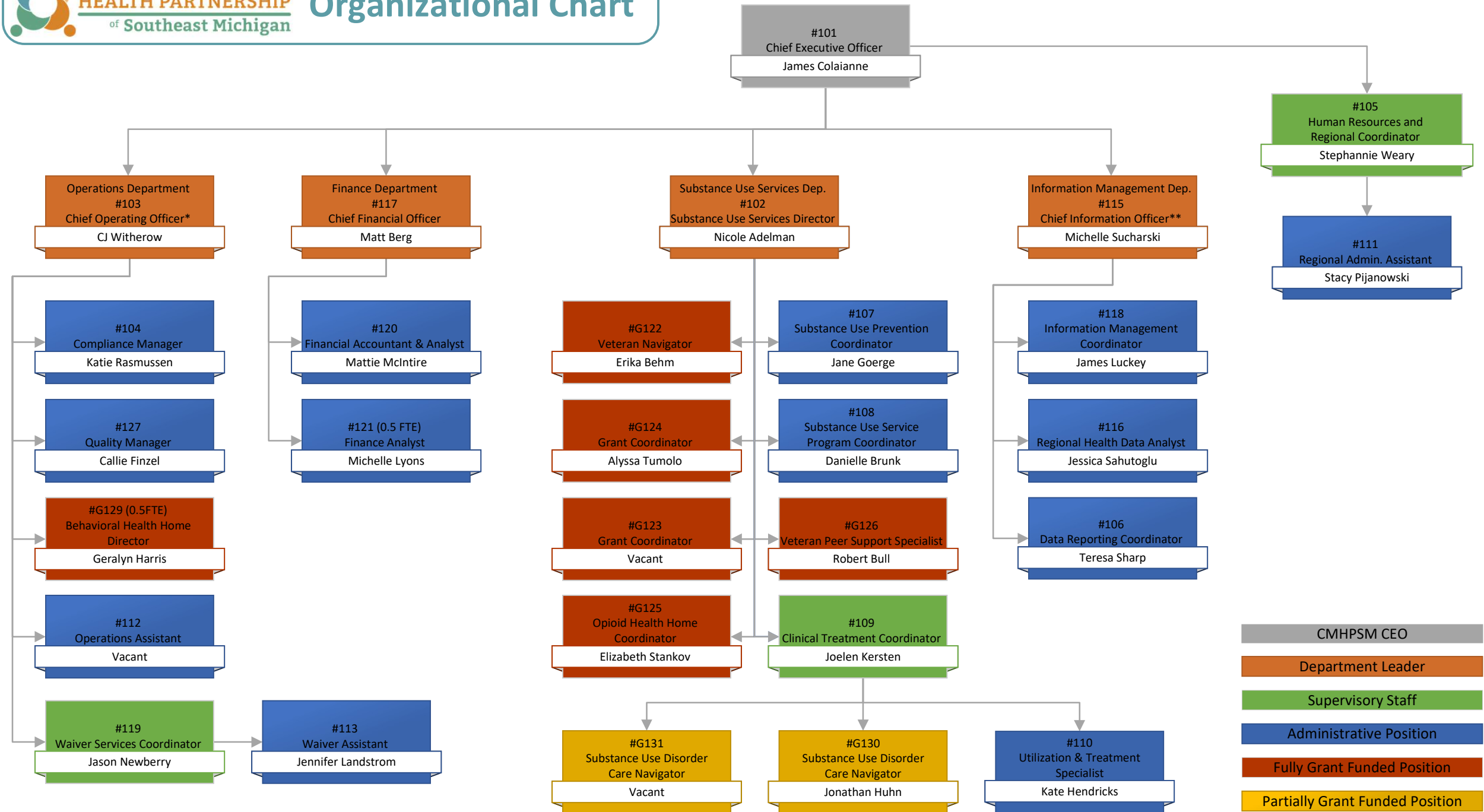
	Budget R1 FY 2024	Projected Year-End	FY 25 Draft 1 Budget	FY 2025 Final Proposed Budget
SUD/GRANTS				
SUD/GRANTS REVENUE				
Healthy Michigan Plan SUD	8,667,532	8,959,268	10,488,585	11,456,681
Medicaid SUD	4,172,534	4,128,479	4,327,981	4,645,222
PA2 - Reserve Investment	20,000	222,211	179,082	179,082
PA2 - Tax Revenue (Est)	1,397,444	1,397,444	1,824,100	1,824,100
PA2 - Use of Reserve (Est)	0	0	-	-
Federal/State Grants	8,702,756	9,669,497	10,884,517	10,884,517
Opioid Health Homes	610,000	667,545	691,054	691,054
SUD/Grants REVENUE	23,570,266	25,044,444	28,395,319	29,680,656
SUD/GRANTS EXPENDITURES				
SUD Administration				
Salaries & Fringes	1,227,918	1,227,918	735,890	735,890
Indirect Cost Recovery	(427,500)	(427,500)	(371,452)	(371,452)
SUD Administration	800,418	800,418	364,438	364,438
Lenawee SUD Services	1,911,748	1,996,185	1,718,715	1,759,638
			401,471	401,471
Livingston SUD Services	2,250,253	2,264,702	1,949,908	1,996,336
			448,806	448,806
Monroe SUD Services	3,731,736	3,958,666	3,408,411	3,489,566
			793,880	793,880
Washtenaw SUD Services	7,709,340	8,172,487	7,036,511	7,204,051
			1,635,688	1,635,688
Opioid Health Homes	488,000	568,039	552,843	552,843
Veteran Navigation	205,383	200,137	192,000	192,000
COVID/ARPA Grants	2,655,383	2,930,872	3,891,413	3,891,413
SOR	1,998,619	2,351,905	2,301,294	2,301,294
Gambling Prevention Grant	24,520	65,189	227,273	227,273
Tobacco/Other	90,880	327,668	89,360	89,360
Women's Specialty Services	139,294	248,370	350,489	350,489
SUD/Grants Expenditures	22,005,574	23,884,637	25,362,502	25,698,545
SUD/Grants Total	1,564,692	1,159,808	3,032,817	3,982,111
PIHP				
PIHP REVENUE				
Incentives (Est)	1,890,000	1,890,000	1,900,000	1,900,000
Local Match/Other	159,180	159,180	159,180	159,180
Other Income			300	300
PIHP Revenue	2,049,180	2,049,180	2,059,480	2,059,480
PIHP EXPENDITURES				
PIHP Admin				
Local Match	159,180	159,180	159,180	159,180
Salaries & Fringes	1,801,909	1,801,909	2,159,260	2,159,260
Contracts & Other	1,221,753	1,221,753	1,250,000	1,250,000
PIHP Admin	3,182,842	3,182,842	3,568,440	3,568,440
Board Expense	3,000	3,000	3,000	3,000
PIHP Expenditures	3,185,842	3,185,842	3,571,440	3,571,440
PIHP Total	(1,136,662)	(1,136,662)	(1,511,960)	(1,511,960)
Organization Total	4,186,561	3,541,288	7,102,151	12,808,474
Totals				
Revenue	279,399,089	280,873,267	305,583,195	318,870,799
Expenses	275,212,528	277,331,980	298,481,045	306,062,326
Net	4,186,561	3,541,288	7,102,151	12,808,474
			Less:	
			Incentive	(1,900,000)
			Carryforward	(5,000,000)
			Effective	
			Operating	
			Surplus	\$ 202,151
				\$ 5,908,474

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
101	Chief Executive Officer	1.0	Sole direct employee of the CMHPSM Regional Board. Chief administrative officer of the CMHPSM. Oversight for PIHP functions and regional staffing. Liaison between Regional Operations Committee and Regional Board. Provide leadership for compliance with all contractual requirements within the Medicaid contract with MDHHS.	N/A	CEO
102	Substance Use Services Director	1.0	Provide leadership and management of SUD treatment and substance use prevention services including maintaining and developing relationships with the community. Staff liaison to Oversight Policy Board.	E	Substance Use Services- Department Leader
103	Chief Operating Officer	1.0	Manage MDHHS contract requirements. Provider Network Management (CMHSPs and SUD Core Providers) and Oversight for Delegated network management and credentialing. Infrastructure Management for PIHP. Oversight of Compliance, QAPIP, and Due Process/Appeals.	E	Operations - Department Leader
104	Compliance Manager	1.0	Oversight for Delegated Functions in Compliance and Customer Service Liaison for State and Federal Audits. Program Integrity Waiver Services oversight.	D	Operations
105	Human Resources and Regional Coordinator	1.0	Coordinate and supervise PIHP administrative staff persons. Staff support for Regional Operations Committee, Regional PIHP Board and Oversight Policy Board Coordinate special projects and initiatives including PIHP level grants and MDHHS submissions. Human resources coordinator for the CMHPSM.	D	CEO
106	Data Reporting Coordinator	1.0	Provides regional coordination and communication for required reporting elements including all behavioral health and prevention reporting.	B	Information Management
107	Substance Use Prevention Coordinator	1.0	Provides regional level oversight for Contracted Prevention Services. Completes required SUD prevention services state reporting, provides technical assistance to prevention service providers.	C	Substance Use Services
108	Substance Use Services Program Coordinator	1.0	Provides regional level oversight for programs and services across the continuum of contracted providers from prevention to treatment services.	C	Substance Use Services
109	SUD Clinical Treatment Coordinator	1.0	Provides regional level clinical and programmatic oversight for Contracted Treatment Providers, Utilization Review for services and monitoring for Core Providers.	D	Substance Use Services

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
110	Substance Use Disorder Care Navigator	1.0	The position reviews service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services
111	Regional Administrative Assistant	1.0	Supports Regional Committees, Processes Credentialing Applications, assists HR and Regional Coordinator in large projects.	A - Hourly	CEO
112	Operations Assistant	1.0	The Operations department handles a broad range of organizational activities including both internal projects and external contracting and monitoring functions with the provider network. The Operations Specialist manages and coordinates certain functions related to maintaining contracts, regional provider network data, internal and external communications, procurement, customer service, quality improvement, monitoring and auditing.	A	Operations
113	Waiver Assistant	1.0	Assists with the clinical review of all waiver and 1915i cases in the WSA, organizes and distributes weekly and monthly quality and compliance statistics for each service population, assists in the data cleanup for the WSA, performs HCBS site audit reviews, and supports with ongoing or one-time projects related to the Operations team.	A	Operations
115	Chief Information Officer	1.0	Skilled technical and leadership role for the continuity and security of all data and technical systems used by the CMHPSM including all personal computing devices, network and the electronic health record systems.	E	Information Management - Department Leader
116	Health Data Analyst	1.0	Statistician responsible for producing, analyzing and preparing information on population health statistics, performance improvement studies and required data reporting.	D	Information Management
117	Chief Finance Officer	1.0	Act as the chief financial officer including revenue projections, trend analysis and consultation to regional board, CEO and executive directors regarding finance.	E	Finance – Department Leader
118	Information Management Coordinator	1.0	Coordinates region wide projects related to the electronic health record, CMHPSM Help Desk and other information management projects as required.	B	Information Management
119	Waiver Services Coordinator	1.0	Provides Coordination of applications and program requirements for all waiver programs: Habilitation Supports Waiver, 1915 I waiver, and subsequent site audits, represents the CMHPSM at waiver coordination activities with MDHHS, may audit clinical records as appropriate to waiver services.	D	Operations

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
120	Accountant	1.0	Responsible for accounting operations, manages Grant expense tracking, accounting reports, Provides financial oversight for PIHP level grant submissions, SUD finance reporting.	C	Finance
121	Finance Assistant	0.5	Part Time Hourly Employee - Performs a variety of functions in the claims processing, accounts payables and cash receipts processes. Responsibilities include inputting payables, issuing payments, processing claims, posting cash receipts, day-to-day finance and monitoring provider financial reporting.	A - Hourly	Finance
127	Quality Manager	1.0	The Quality Manager provides organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.	C	Operations
G122	Veterans Navigator	1.0	100% Grant-Funded. Identifies resources and make linkages in the PIHP region appropriate for Veteran and Military Families (V/MFs). Makes appropriate referrals, coordinates care, provides follow up, and either directly provides or assures wrap around services are available.	C	Substance Use Services
G123	Grant Coordinator / SUS Program Coordinator	1.0	100% Grant-Funded. Provides oversight of grant implementation, budgets, goals, objectives and activities, and serves as a liaison to funded program personnel as well as the MDHHS grant management staff. (Proposed tier reclassification from B to C in FY2025 budget)	C	Substance Use Services
G124	Grant Coordinator / SUS Program Coordinator	1.0	100% Grant-Funded. Provides oversight of grant implementation, budgets, goals, objectives and activities, and serves as a liaison to funded program personnel as well as the MDHHS grant management staff. (Proposed tier reclassification from B to C in FY2025 budget)	C	Substance Use Services
G125	Opioid Health Home Coordinator	1.0	100% Grant-Funded. Functions as the liaison between HHPs, CMHPSM and Michigan Department of Health and Human Services (MDHHS); provides administrative leadership in the implementation and management of OHH services.	C	Substance Use Services
G126	Veterans Peer Support Specialist	1.0	100% Grant-Funded. Responsible for carrying out activities of the Walking With Warriors program, the Veteran Peer Support Specialist’s main objective is to provide ongoing support for Veterans and Military families and support the Veteran Navigator in their work.	A	Substance Use Services

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
G129	Behavioral Health Home Director	0.5	100% Grant-Funded. Behavior Health Home (BHH) Director manages BHH Lead Entity (LE) Director responsibilities for the BHH program including enrolling and disenrolling BHH participants, ensuring all required paperwork (such as consent and the care plan) are in the Waiver Support Application (WSA) system or in our electronic health record "CRCT". The BHH Director will work directly with Health Home Partners (HHPs) to ensure completion of required documentation, evaluation, and other activities.	D - Hourly	Operations
G130	Substance Use Disorder Care Navigator	1.0	This position is 50% grant funded to assist individuals (primarily within a priority population) but also other individuals navigate the SUD treatment systems within our region. The position is 50% funded to review service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services
G131	Substance Use Disorder Care Navigator	1.0	This position is 50% grant funded to assist individuals (primarily within a priority population) but also other individuals navigate the SUD treatment systems within our region. The position is 50% funded to review service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services



- CMHPSM CEO
- Department Leader
- Supervisory Staff
- Administrative Position
- Fully Grant Funded Position
- Partially Grant Funded Position

*The COO serves as the CMHPSM privacy officer. **The CIO serves as the CMHPSM security officer.



Regional Board Action Request – FY2025 CMHPSM Budget

Board Meeting Date: September 11, 2024

Action Requested: Review and approve the FY2025 CMHPSM annual budget.

Background: The FY2025 budget is representative of and in adherence to the expectations and requirements derived from the revenue contracts entered into by the CMHPSM with the Michigan Department of Health and Human Services (MDHHS).

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The Regional Board reviews and approves an annual budget for the CMHPSM per the Financial Stability and Risk Reserve Management Board Governance Policy.

Recommend: Approval

CMHPSM FY2025 Budgeted Contracts

Administrative Contracts / Letters of Engagement / Vendor Agreements

Contractor	Description	Term	FY2024 DNE, and/or Rates	FY2025 DNE, and/or Rates
Boardwalk LLC	Lease for 3005 Boardwalk	10/1/2024-9/30/2025	\$133,748 + Utilities	\$137,085.50 + Utilities
Centria	Private Duty Nursing (PDN) Assessment Services	10/1/2024-9/30/2025	\$75.00/hr.	\$75.00/hr.
Cohl, Stoker & Toskey	Attorney Services Retainer (No cost retainer all services billed hourly)	10/1/2024-9/30/2025	\$225/hr.	\$225/hr.
Fuse Technology	Information Technology Systems services	10/1/2024-9/30/2025	\$19,796 / yr	\$19,796 / yr
TM Group	Financial/Administrative Software License and Support (Help Desk, Consulting, Project Management)	10/1/2024-9/30/2025	\$190-\$225/hr. based on service	\$190-\$225/hr. based on service
Michigan Consortium of Healthcare Excellence	MCG Parity Software PIHP Group Purchase	10/1/2024-9/30/2025	\$22,002.15 / yr	\$22,349.50 / yr
Michigan Health Information Network Shared Services (MiHIN)	VIPR Health Data Exchange Platform for PIHP regional data sharing.	10/1/2024-9/30/2025	\$ 1,200 / mo.	\$ 1,200 / mo.
Milliman	DRIVE User Fee	10/1/2024-9/30/2025	\$1,000/yr	\$1,000/yr
Multi-Health Systems	Preschool and Early Childhood Functional Assessment Scale (PECFAS) and Child And Adolescent Functional Assessment Scale (CAFAS) \$2,110/yr per CMHSP	10/1/2024-9/30/2025	N/A	\$8,440/yr
Paychex	Human Resources / Payroll	10/1/2024-9/30/2025	\$47.64/ employee per payroll	\$57.25/ employee per payroll
PCE Systems	CRCT Electronic Health Record	10/1/2024-9/30/2025	\$ 486,900 / yr	\$ 486,900 / yr
Roslund, Prestage & Company	Audit Services and hourly technical assistance consulting when necessary.	10/1/2024-9/30/2025	\$31,700 + \$275/hr. technical assistance	\$32,575 + \$275/hr. technical assistance

CMHSP Medicaid and Other Funding

Contractor	Contract Description	Term	Cost Settled Funding
Lenawee CMH	Master CMHSP	10/1/2024-9/30/2025	Per Funding Budget
Livingston CMH	Master CMHSP	10/1/2024-9/30/2025	Per Funding Budget
Monroe CMH	Master CMHSP	10/1/2024-9/30/2025	Per Funding Budget
Washtenaw County	Master CMHSP	10/1/2024-9/30/2025	Per Funding Budget
Lenawee CMH	Project & Sub Grant	10/1/2024-9/30/2025	Expense and Revenue
Livingston CMH	Project & Sub Grant	10/1/2024-9/30/2025	Expense and Revenue
Monroe CMH	Project & Sub Grant	10/1/2024-9/30/2025	Expense and Revenue
Washtenaw County	Project & Sub Grant	10/1/2024-9/30/2025	Expense and Revenue

MDHHS / PIHP Revenue Contract

Revenue Source	Revenue Amount	Term
MDHHS/PIHP Contract	Per Revenue Budget	10/1/2024-9/30/2025
EGRAMS Grants (MDHHS State Opioid Response 4 (SOR 4) Grant, SUD Administration, Community Grant, MI-PAC, American Rescue Plan Act (ARPA), Gambling Prevention, Prevention, State Disability Assistance, SUD Tobacco, SUD Women’s Specialty Services, Clubhouse & Veteran’s Systems Navigator & Health Home related revenue)	Per Revenue Budget	10/1/2024-9/30/2025

Other Revenue

Contractor	Description	Revenue Amount	Term
Washtenaw County	PA2 Funding to CMHPSM	Per Tax Receipts and Revenue Budget	10/1/2024-9/30/2025

SUD Core Provider Services – HMP, Block Grant, Medicaid, PA2

Contractor	Description	Term	FY2024 Funding	FY2025 Funding
Lenawee CMH	SUD Core Provider (Cost Settled)	10/1/2024-9/30/2025	\$1,772,112	\$1,850,121.00

Livingston CMH	SUD Core Provider (Cost Settled)	10/1/2024-9/30/2025	\$1,253,328	\$1,306,157.40
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SUD Project Contracts

Fund source will be determined between: Public Act 2 (PA2), Substance Abuse Block Grant (SABG), American Rescue Plan Act (ARPA), MI PAC or State Opioid Response (SOR) 4.

County	Contractor	Description	Term	Previous FY2024 / Do Not Exceed Funding	Total FY2025/ Do Not Exceed Funding
Lenawee	Lenawee CMHA	Drug Court Peer Recovery Support	10/1/2024-9/30/2025	\$35,626	\$29,068
Lenawee	Lenawee CMHA	Pathways Engagement Center	10/1/2024-9/30/2025	\$519,974	\$519,974
Lenawee	Lenawee CMHA	Jail Based MAT	10/1/2024-9/30/2025	\$74,800	\$74,800
Lenawee	Lenawee CMHA	Harm Reduction/Overdose Education and Naloxone Distribution	10/1/2024-9/30/2025	\$16,500	\$19,016
Lenawee	Lenawee CMHA	MI Partnership to Advance Coalitions (MI PAC)	10/1/2024-9/30/2025	\$18,450	\$21,470
Livingston	Livingston County Catholic Charities & Livingston Community Prevention Project	Prevention Services-Project Success, Youth Led Prevention, CMCA, CBSG	10/1/2024-9/30/2025	\$420,392	\$482,428
Livingston	Livingston CMHA	Stepping Stones Engagement Center	10/1/2024-9/30/2025	\$605,657	\$603,833
Livingston	Livingston CMHA	Blended Funding - Wraparound		\$40,000	\$40,000
Livingston	Livingston CMHA	Epidemiologist (with Health Department)	10/1/2024-9/30/2025	\$35,000	\$45,000
Livingston	Livingston CMHA	Overdose Education and Naloxone Distribution	10/1/2024-9/30/2025	\$9,500	\$17,000
Livingston	Livingston CMH	Project ASSERT	10/1/2024-9/30/2025	\$92,858	\$98,857

County	Contractor	Description	Term	Previous FY2024 / Do Not Exceed Funding	Total FY2025/ Do Not Exceed Funding
Livingston	Recovery Advocates in Livingston	Recovery Community Organization	10/1/2024-9/30/2025	\$101,000	\$50,000
Livingston	Recovery Advocates in Livingston	Recovery Housing	10/1/2024-9/30/2025	\$48,893	\$48,483
Livingston	Livingston County Catholic Charities	MI Partnership to Advance Coalitions (MI PAC)	10/1/2024-9/30/2025	\$18,450	\$20,440
Monroe	Catholic Charities of SE Michigan	St. Joseph Center of Hope – Engagement Center	10/1/2024-9/30/2025	\$652,935	\$652,935
Monroe	Catholic Charities of SE Michigan	Prevention Services - Student Prevention Leadership Teams	10/1/2024-9/30/2025	\$139,772	\$139,772
Monroe	Catholic Charities of SE Michigan	Overdose Education and Naloxone Distribution	10/1/2024-9/30/2025	\$6,800	\$20,000
Monroe	Catholic Charities of SE Michigan	Project ASSERT	10/1/2024-9/30/2025	\$50,000	\$60,000
Monroe	Recovery Advocacy Warriors	Recovery Community Organization	10/1/2024-9/30/2025	\$150,500	\$164,725
Monroe	Monroe CMHA	Jail Based MAT/MOUD	10/1/2024-9/30/2025	\$382,000	\$389,150
Monroe	Monroe County Intermediate School District	Prevention Services – Nurturing Parents as Teachers	10/1/2024-9/30/2025	\$84,076	\$84,076
Monroe	Women Empowering Women	Recovery Housing	10/1/2024-9/30/2025	\$97,470	\$73,170
Monroe	Ty's House	Recovery Housing	10/1/2024-9/30/2025	\$70,000	\$70,000
Monroe	United Way of Monroe County	Prevention Coalition Services	10/1/2024-9/30/2025	\$85,000	\$85,000

County	Contractor	Description	Term	Previous FY2024 / Do Not Exceed Funding	Total FY2025/ Do Not Exceed Funding
Monroe	United Way of Monroe and Lenawee Counties	MI Partnership to Advance Coalitions (MI PAC)	10/1/2024-9/30/2025	\$18,450	\$18,450
Monroe	Monroe Community Opportunity Program	Anchor Institutions	10/1/2024-9/30/2025	\$25,000	\$25,000
Washtenaw	Avalon Housing	Harm Reduction & Integrated Care	10/1/2024-9/30/2025	\$172,800	\$172,800
Washtenaw	Catholic Social Services of Washtenaw	Wellness Initiative for Senior Education	10/1/2024-9/30/2025	\$76,546	\$76,546
Washtenaw	Dawn Farm	Recovery Housing	10/1/2024-9/30/2025	\$38,880	\$38,880
Washtenaw	Dawn Farm	Recovery Court Peer Specialist	10/1/2024-9/30/2025	\$45,000	\$45,000
Washtenaw	Eastern Michigan University	Prevention - Prime for Life	10/1/2024-9/30/2025	\$90,000	\$100,000
Washtenaw	Eastern Michigan University	Prevention Theatre Collaborative – Botvins Transitions	10/1/2024-9/30/2025	\$73,226	\$95,158
Washtenaw	EMU	Botvins Life Skills	10/1/2024-9/30/2025	\$49,999	\$60,000
Washtenaw	Home of New Vision	Recovery Opioid Outreach Team (ROOT)	10/1/2024-9/30/2025	\$167,000	\$167,000
Washtenaw	Home of New Vision	Harm Reduction	10/1/2024-9/30/2025	\$0	\$287,674
Washtenaw	Home of New Vision	Project ASSERT	10/1/2024-9/30/2025	\$130,000	\$151,697
Washtenaw	Home of New Vision	Engagement Center	10/1/2024-9/30/2025	\$474,990	\$604,53

County	Contractor	Description	Term	Previous FY2024 / Do Not Exceed Funding	Total FY2025/ Do Not Exceed Funding
Washtenaw	Home of New Vision	Recovery Community Organization - WRAP	10/1/2024-9/30/2025	\$150,000	\$150,000
Washtenaw	Corner Health Center	Comprehensive Community Approach to Youth SUD	10/1/2024-9/30/2025	\$25,000	\$120,000
Washtenaw	St. Joseph Mercy Chelsea	SRSLY Dexter and Chelsea	10/1/2024-9/30/2025	\$0	\$170,000
Washtenaw	St. Joseph Mercy Chelsea	Prevention Services – Project Success Chelsea and Manchester	10/1/2024-9/30/2025	\$229,401	\$151,519
Washtenaw	Trinity Health	Project Success Ann Arbor and Lincoln	10/1/2024-9/30/2025	\$0	\$307,287
Washtenaw	Washtenaw County (Health Department)	MI Partnership to Advance Coalitions (MI PAC)	10/1/2024-9/30/2025	\$30,000	\$25,000
Regional	Karen Bergbower & Associates	Synar/ DYTUR Prevention	10/1/2024-9/30/2025	\$136,937	\$153,369
Regional	Karen Bergbower & Associates	Tobacco/ENDS	10/1/2024-9/30/2025	\$4,000	\$4,000
Regional	Workit Health	Telehealth Opioid Use Disorder/Stimulant Use Disorder Treatment	10/1/2024-9/30/2025	\$181,460	\$269,537
Regional	University of Michigan	Overdose Education and Naloxone Distribution	10/1/2024-9/30/2025	\$150,000	\$150,000

Women’s Specialty Services Combined SABG WSS and ARPA

County	Contractor	Term	Total FY2024/DNE Funding	Total FY2025/DNE Funding
Lenawee	Lenawee CMH	10/1/2024-9/30/2025	\$28,340	\$30,000
Livingston	Livingston CMH	10/1/2024-9/30/2025	\$140,800	\$135,489

Monroe	Catholic Charities of Southeast Michigan	10/1/2024-9/30/2025	\$219,920	\$200,000
Washtenaw	Home of New Vision	10/1/2024-9/30/2025	\$486,030	\$485,000

Substance Use Disorder Health Home (SUD HH) Contracts (Previously Opioid Health Homes - OHH)

Contractor	Description	Term	FY2024 DNE or N/A	FY2025 DNE or N/A
Family Medical Center	SUD Health Home	10/1/2024-9/30/2025	Per OHH Case rate	Per SUD HH Case Rate
Packard Health Clinic	SUD Health Home	10/1/2024-9/30/2025	Per OHH Case rate	Per SUD HH Rate
Passion of Mind	SUD Health Home	10/1/2024-9/30/2025	Per OHH Case rate	Per SUD HH Case Rate
Therapeutics	SUD Health Home	10/1/2024-9/30/2025	Per OHH Case rate	Per SUD HH Case Rate

Memorandums of Understanding / Coordination Agreements / Data-Use Agreements (No Funding)

Current Medicaid Health Plan Coordination Agreements
Aetna Health Plan
Blue Cross Complete
McLaren Health Plan
Meridian Health Plan
UnitedHealthcare
HAP CareSource

Data-Use Agreements
Michigan Department of Health and Human Services (CC360 & Monthly Extract)
Community Mental Health Services of Livingston County (CC360 & Monthly Extract)
Lenawee Community Mental Health Authority (CC360 & Monthly Extract)
Monroe Community Mental Health Authority (CC360 & Monthly Extract)
Washtenaw County Community Mental Health (CC360 & Monthly Extract)
PCE Systems (CC360 & Monthly Extract)
University of Michigan (Law Resource Services Pilot)
Deerfield Solutions (LOCUS EHR Integration)

SUD Fee-For-Service Contracts

Contractor	FY2025-27 Term
Ann Arbor Treatment Center - CRC Health	10/1/2024-9/30/2026
Bear River	10/1/2024-9/30/2026
Catholic Charities of SE Michigan	10/1/2024-9/30/2026
Dawn Inc	10/1/2025-9/30/2027
Flint Odyssey House Inc.	10/1/2024-9/30/2026
Hegira Programs Inc	10/1/2024-9/30/2026
Home of New Vision	10/1/2024-9/30/2026
Kalamazoo Probation Enhancement Program	10/1/2024-9/30/2026
Passion of Mind	10/1/2024-9/30/2026
Personalized Nursing Light House	10/1/2024-9/30/2026
Premier Services of MI DBA CRM	10/1/2024-9/30/2026
Sacred Heart	10/1/2024-9/30/2026
Salvation Army Harbor Light	10/1/2024-9/30/2026
Samaritas	10/1/2024-9/30/2026
Therapeutics, LLC.	10/1/2024-9/30/2026
Trinity Health – Greenbrook	10/1/2024-9/30/2026
Women Empowering Women	10/1/2024-9/30/2026

FY2024 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
90791		Psychiatric Evaluation	Encounter	\$100.00	✓	✓	✓	✓	-
90792		Psychiatric Evaluation	Encounter	\$175.00	✓	✓	✓	✓	-
90832		30 minutes of Psychotherapy	Encounter	\$60.00	✓	✓	✓	✓	-
90834		45 minutes of Psychotherapy	Encounter	\$85.00	✓	✓	✓	✓	-
90837		60 minutes of Psychotherapy	Encounter	\$110.00	✓	✓	✓	✓	-
90853	UN UP UQ UR US	Group Therapy per Session: U modifiers based on number of group attendees	Encounter	\$26.00	✓	✓	✓	✓	-
96372		Therapeutic, prophylactic, diagnostic injection, doctor on site Medication Administration therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Encounter	\$30.00	✓	✓	✓	✓	-
97810		Acupuncture 1 or more needles, initial 15 minutes	Encounter	\$40.00			✓	✓	-
97811		Acupuncture 1 or more needles, each additional 15 minutes	Encounter	\$40.00			✓	✓	-
99202		E&M New Patient Med	Encounter	\$75.00	✓	✓	✓	✓	-
99203		E&M New Patient High	Encounter	\$100.00	✓	✓	✓	✓	-
99204		E&M New Patient High	Encounter	\$120.00	✓	✓	✓	✓	-
99205		E&M New Patient High	Encounter	\$175.00	✓	✓	✓	✓	-
99211		E&M Existing Patient No Doc Low	Encounter	\$35.00	✓	✓	✓	✓	-
99212		E&M Existing Patient Low	Encounter	\$45.00	✓	✓	✓	✓	-
99213		E&M Existing Patient Med	Encounter	\$65.00	✓	✓	✓	✓	-
99214		E&M Existing Patient Mod-High	Encounter	\$95.00	✓	✓	✓	✓	-
99215		E&M Existing Patient High	Encounter	\$135.00	✓	✓	✓	✓	-
H0001		Alcohol and/or Drug Assessment	Encounter	\$130.00	✓	✓	✓	✓	-
H0001	HD	Alcohol and/or Drug Assessment	Encounter	\$130.00	✓	✓	✓	✓	-
H0003		Laboratory analysis of specimens to detect presence of alcohol or drugs.	Encounter	\$18.00	✓	✓	✓	✓	-
H0004		Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00	✓	✓	✓	✓	-
H0004	HD	Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00	✓	✓	✓	✓	-

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
H0005	UN UP UQ UR US	Alcohol & Drug Group Counseling by Clinician: U modifiers based on number of group attendees	Encounter	\$40.00	✓	✓	✓	✓	-
H0005	HD	Alcohol & Drug Group Counseling by Clinician	Encounter	\$40.00	✓	✓	✓	✓	-
H0006		SUD Case Management- Services provided to link clients to other essential medical, educational, social and/or other services.	Encounter	\$30.00			✓	✓	-
H0010		Alcohol and/or drug services; sub-acute withdrawal management; medically monitored residential withdrawal management (3.7-WM)	Per Day	\$324.00 *	✓	✓	✓	✓	-
H0012		Alcohol and/or drug services; sub-acute withdrawal management; clinically managed residential withdrawal management; non-medical or social withdrawal management setting Alcohol and/or drug services; sub-acute withdrawal management (residential addiction program outpatient) (3.2-WM)	Per Day	\$225.00	✓	✓	✓	✓	-
H0015		IOP Intensive Outpatient Care Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	Per Day	\$115.00	✓	✓	✓	✓	-

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
H0018	W1	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.1 Clinically Managed Low Intensity	Per Day	\$160.00	✓	✓	✓	✓	
H0018	W3	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.3 Clinically Managed Population-Specific (H0018 and W3 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0018	W5	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.5 Clinically Managed High Intensity (H0018 and W5 modifier)	Per Day	\$169.00	✓	✓	✓	✓	
H0018	W7	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.7 Medically Monitored Intensive (H0018 and W7 modifier)	Per Day	\$175.00	✓	✓	✓	✓	

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
H0019	W1	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.1 Clinically Managed Low Intensity (H0019 and W1 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0019	W3	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.3 Clinically Managed Population-Specific (H0019 and W3 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0019	W5	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.5 Clinically Managed High Intensity (H0019 and W5 modifier)	Per Day	\$169.00	✓	✓	✓	✓	

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
H0019	W7	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.7 Medically Monitored Intensive (H0019 and W7 modifier)	Per Day	\$175.00	✓	✓	✓	✓	
H0018	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)	Per Day	\$285.00	✓	✓	✓	✓	-
H0019	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Per Day	\$285.00	✓	✓	✓	✓	-
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Encounter	\$19.00	✓	✓	✓	✓	
H0038		Recovery Coach/Peer Services: 1 person served	Per 15 mins	\$14.00	✓	✓	✓	✓	-\$11.00
H0038	UN	Recovery Coach/Peer Services: 2 persons served	Per 15 mins	\$7.35	✓	✓	✓	✓	
H0038	UP	Recovery Coach/Peer Services: 3 persons served	Per 15 mins	\$5.02	✓	✓	✓	✓	
H0038	UQ	Recovery Coach/Peer Services: 4 persons served	Per 15 mins	\$3.85	✓	✓	✓	✓	

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2024-9/30/2025
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY24
H0038	UR	Recovery Coach/Peer Services: 5 persons served	Per 15 mins	\$3.36	✓	✓	✓	✓	
H0038	US	Recovery Coach/Peer Services	Per 15 mins	\$2.92	✓	✓	✓	✓	
H0048		Alcohol and drug testing, collection and handling only, specimens other than blood.	Encounter / per test	\$3.00	✓	✓	✓	✓	-
H2034		Recovery/Transitional Housing	Per Day	\$27.00			✓	✓	-
H2035		Group Outpatient: Alcohol/Other Drug Treatment	Per Hour	\$40.00	✓	✓	✓	✓	-
H2036		Partial Hospitalization - ASAM Level II.5: Services provided 20 or more hours in a week for needs that do not require 24-hour care. (Hospitalization as an ASAM descriptor, services do not need to take place in a hospital setting.)	Per Day	\$171	✓	✓	✓	✓	N/A
S9976		Residential Room and Board - May be used in conjunction with H0018 & H0019.	Per Day	\$27.00			✓	✓	-
T1007		Treatment planning; Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter	\$100.00	✓	✓	✓	✓	-
T1009		Care of the children of the individual receiving alcohol and/or substance abuse services	Encounter / Per Hour	\$15.00			✓	✓	-
T1012		Recovery Supports	Encounter	\$60.00	✓	✓	✓	✓	-



Regional Board Action Request – FY2025 Contracts

Board Meeting Date: September 11, 2024

Action Requested: Authorization for the CMHPSM CEO to sign the included FY2025 contracts.

Background: Expense contracts for FY2025 include: Substance Use Disorder service, prevention and treatment contracts, grant funded projects, projects funded by Oversight Policy Board approved PA2 allocations, administrative contracts, mental health service contracts with the partner CMHSPs. Additional contracts with no expense associated include various Memorandums of Understanding, coordination agreements and data-use agreements.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The associated expense and non-expense contracts abide by the stipulations of our revenue contract with MDHHS and align with our regional strategic plan and our regional shared governance model.

Recommend: Approval

MICHIGAN REGIONAL ENTITY/PREPAID INPATIENT HEALTH PLAN CHIEF EXECUTIVE OFFICERS GROUP

Jim Johnson
Vice Chair

Joseph Sedlock
Chair

Brad Casemore
Spokesperson

September 3, 2024

Michigan’s ten Regional Entities/Pre-Paid Inpatient Health Plans (“PIHPs”) are governmental entities with which the Michigan Department of Health and Human Services (“MDHHS”) is required by the Michigan Mental Health Code to contract for specialty supports and services under the Medicaid and Healthy Michigan programs. Michigan’s ten PIHPs are in a contractual relationship with MDHHS where contract provisions are to be negotiated in good faith between equal parties. Michigan’s ten PIHPs provide notice that in their collective views, MDHHS has not negotiated in good faith many provisions, asserting some content as “non-negotiable” over the often-strenuous objections of PIHPs collectively and individually. This non-negotiable position on some contract provisions taken by MDHHS has become more frequent and consequential in recent years, including with the base FY 25 MDHHS/PIHP Specialty Supports and Services Contract.

This is to notify MDHHS that the position of all ten Michigan PIHPs is that good faith negotiations of the following items, with which many PIHPs have taken official issue and MDHHS has included in the FY 25 base contract over the objections of the PIHPs, must be negotiated in a subsequent retroactive amendment to the FY 25 base contract.

Internal Service Fund provisions changed in the FY 25 base agreement, found in Schedule A, Statement of Work, Section 4, Internal Service Funds. MDHHS presented these edits as non-negotiable to the financial and operational detriment of Michigan’s PIHPs, damaging their ability to mitigate and manage risk. Mitigation and management of risk is a core managed care responsibility and function of PIHPs.

Certified Community Behavioral Health Clinics (CCBHC) language, found in Schedule A, Statement of Work, Section G Covered Services, #14, Certified Behavioral Health Clinic (CCBHC) Demonstration. MDHHS presented these edits as non-negotiable to the financial and operational detriment of Michigan’s PIHPs, CCBHC’s, and beneficiary interests, damaging and contradicting the ability of Michigan’s PIHPs to carry out their managed care responsibilities as required elsewhere in the contract.

Waskul Settlement Agreement language found in Schedule A, Statement of Work, Section R, Observance of State and Federal Laws and Regulations, Item 20, Waskul Settlement Agreement was presented as non-negotiable, and subsequently proposed substitute language over the objections of Michigan’s PIHPs. The inclusion of this language is premature and binds PIHPs to implementing actions in the future without knowledge of what those requirements of actions will be. Including this language demonstrates a lack of good faith negotiations by MDHHS.

PIHPs provide notice to MDHHS that it considers these provisions not applicable to them until objections can be overcome and mutually agreeable requirement language is in place via continued good faith negotiations.

Submitted by and on behalf of all Ten Michigan Pre-Paid Inpatient Health Plans/Regional Entities



Regional Board Action Request – FY2025 MDHHS/PIHP Contract

Board Meeting Date: September 11, 2024

Action Requested: Authorization for the CMHPSM CEO to strike three proposed clauses from the FY2025 MDHHS/PIHP prior to partially executing on behalf of the CMHPSM.

Background: There are three sections within the proposed FY2025 contracts between MDHHS and the PIHPs that were determined to be non-negotiable by MDHHS during contract negotiation meetings. These sections are noted in the joint letter issued by the ten PIHPs included in this packet and identified as:

- Schedule A, Statement of Work, Section 4, Internal Service Funds
- Schedule A, Statement of Work, Section G Covered Services #14 CCBHC Demonstration
- Schedule A, Statement of Work, Section R, Observance of State and Federal Laws and Regulations, Item #20 Waskul Settlement Agreement

The CMHPSM should strike the Waskul Settlement language due to our status as a plaintiff in this active lawsuit. The next step in the process that may potentially lead to a settlement is not scheduled to take place until December 11, 2024. The language included in the contract is premature and presumptuous in its assumption that the settlement will be approved.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:
Directly related to the PIHP/MDHHS Contract

Recommend: Approval



**FY2025 CMHPSM Regional Board
Meeting Schedule
6:00 p.m. – 8:00 p.m.
All meetings will be held at:
3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI
Patrick Barrie Conference Room
(unless otherwise noted)**

Date	Meeting Notes
10/9/2024	Regional Board Officer Elections
12/11/2024	
2/12/2025	
4/9/2025	
6/11/2025	
8/13/2025	FY2026 Budget Preview
Revised to: 9/17/2025	FY2026 Budget Review Election Chair/Committee for October Officers Election

If a board meeting must be canceled (for example due to inclement weather), board members will be notified as soon as possible. Initial contact will be made by email, and next by phone if an email acknowledgement is not received from the board member.



Regional Board Action Request – FY2025 Board Meeting Schedule Revision

Board Meeting Date: September 11, 2024

Action Requested: Revise the FY2025 Regional Board Meeting Schedule moving the September 10, 2025 meeting to September 17, 2025.

Background: The annual CMHPSM Board schedule is posted prior to the start of the next fiscal year on our website and at our physical office space. All pre-scheduled (non-emergency) Board meetings are listed on the schedule for FY2025 as attached.

Connection: CMHPSM Bylaws

Recommend: Approval



Regional Board Action Request –
Reclassification of CMHPSM Positions #G123 & G124

Board Meeting Date: September 11, 2024

Action Requested: Approve the re-classification of positions #G123 and G124 Grant Coordinator (Tier B) to Program Coordinator (Tier C) effective September 30, 2024.

Background: The CMHPSM Leadership team has assessed a revised job description and reviewed the position’s responsibilities utilizing the CMHPSM Classification and Compensation Position Point Factor Assessment. The revised job description has been included in the Board packet and has been scored within the Tier C range. Pending FY2025 budget approval Tier B positions will have a salary range of \$58,661 - \$83,489 and Tier C positions will have a salary range of \$62,174 - \$90,161. These two positions are fully grant funded.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The CMHPSM Program Coordinator positions oversee substance use services grant funded programs, including monitoring, evaluation and technical support for contracted providers, as well as other projects to support the Substance Use Services (SUS) team.

Recommend: Approval



Community Mental Health Partnership of Southeast Michigan

Job Description

Job Title: Substance Use Services Program Coordinator

Supervision Received: Substance Use Services Director

Tier: C

Starting Salary Range: \$60,363 - \$70,538

FLSA Exempt Status: Exempt

Full Salary Range: \$60,363 (Step 0) - \$87,535 (Step 8)

Last Updated: August 5, 2024

Position Status: Full-time

Job Summary

Under supervision of the Substance Use Services (SUS) Director, the Substance Use Services Program Coordinator partners with all departments across CMHPSM, primarily the SUS Team, to oversee contracted programs across the region by monitoring providers' compliance to regional and state contractual and regulatory requirements and fulfillment of program outcomes. The SUS Program Coordinator also helps coordinate department-wide initiatives to support regional SUS programming. The SUS Program Coordinator provides technical assistance to CMHSPs and other contracted providers in data driven approaches, outcome-based prevention, program effectiveness, evidence-based practices, and implementation strategies.

Essential Duties and Responsibilities

- Facilitate oversight of federal/state grants to a network of providers across a four-county region.
- Communicate with providers to ensure familiarity with and compliance to federal/state guidance and regulations specific to each fund source including eligibility, allowable expenses, and have appropriate staff and agency credentials, policies and processes in place.
- Coordinate all requirements of any grant funded audit or site review to ensure all requirements are met by CMHPSM and funded providers.
- Participate in establishing goals and strategic plans for programs or initiatives aimed at improving quality of services.
- Provide training and on-going technical assistance, support and communication with SUS provider network to improve performance, quality of programs and accuracy of data.
- Evaluate the work of contracted providers throughout the year to ensure the effective use of program resources and delivery of quality services for assigned programs/grants during the year for any needed course corrections, and at year end for a dashboard of outcomes.
- Monitor providers including required policies, processes and credentials are in place; support providers in corrective action plans as needed to ensure course correction or alternative action contractually if needed.
- Prepare and submit reports to the State of Michigan, providers, or management, verifying accuracy and completeness and ensuring deadlines are met.
- Clear, professional communication and an understanding of when to elevate an issue to the SUS Director and possibly Leadership is required.
- Support SUS Director in compiling all required data for bi-annual MDHHS site review, which includes all fund sources and programs at the PIHP.
- Contribute to a quarterly summary presentation showing progress toward outcomes for the Oversight Policy Board.

- Participate in the development of grant funded provider budgets and contracts:
 - Collaborate with Finance Team to clarify and resolve issues, and maintains records and reports, such as trends in budgets/FSRs, records and grant targets.
 - Collaborate with COO to enforce contract requirements, and ensure funding and programming is provided as agreed
- Coordinate the procurement process to obtain substance use prevention, harm reduction, treatment and recovery services aligned with regional needs, strategic plan, and availability of services.
- Respond to requests from external agencies, e.g. MDHHS, to gather information on substance use services; generate reports and collect information from providers, as needed.
- Develop and ensure implementation of internal process and procedures for the alignment of Substance Use Service department:
 - Annual and ongoing monitoring Substance Use Services providers, including outcome reports progress toward goals; evaluate performance of providers.
 - Report on program outcomes and monitoring outcomes by fund source to be reviewed by CMHPSM Leadership and OPB as necessary.
 - Internal communication of FY requirements- federal/state.
- Participate in Health Equity initiative across Substance Use Services Team to ensure all providers have goals to address gaps in service delivery; CMHPSM has policies written with inclusive and equitable language and intent; and provide ongoing support, technical assistance and training to providers on health equity and disparities.
- Develop informational material, e.g. data alerts, brochures, flyers, or snapshots designed to disseminate information out to providers, consumers, or community members
- Attend and participate in various state, regional and local workgroup, county collaborative group and other meetings to gain an understanding of community issues and/or build relationships with community members.
- Participate in the coordination and presentation of focus groups, town halls and other community forums.
- Support SUS Team in facilitating regional provider meetings.
- Maintain awareness of advances in SUS prevention, harm reduction, treatment and recovery methods, regulations, health policy changes and other information that may impact services
- Document communication with funded providers as required by MDHHS.
- Leadership of specific priority projects as assigned including additional SUS department or agency wide initiatives as needed.
- Maintain awareness of advances in spectrum of SUS prevention, harm reduction, treatment and recovery methods, regulations, health insurance changes and other information that may impact services.
- Other duties as assigned.

Supervisory Responsibilities

- This position will not supervise other employees.

Education and Experience Requirements

- Bachelor's degree in Social Work, Psychology or a field related to the job responsibilities is required.
- At least three years of related experience including substance use theories, multiple paths to recovery, and evidence-based practices.

- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities.

Competencies Required

- Knowledge of substance abuse prevention theories, evidence-based practices, and implementation strategies
- Ability to set expectations, provide guidance and monitor progress toward goals
- Skill in evaluating information to determine compliance with standards
- Ability to maintain composure and display tact and professionalism in all interactions
- Skill in resolving conflict and negotiating
- Ability to keep commitments and take responsibility for own actions
- Knowledge of instructional design and presentation methods
- Knowledge of media production, communication and dissemination techniques and methods; including alternative ways to inform via written, oral, and visual media
- Skill in meeting quality standards and identifying ways to improve services
- Ability to translate concepts and information into easily understandable reports or materials
- Ability to organize, prioritize and plan work activities and projects to meet deadlines
- Ability to make timely decisions using sound and accurate judgment within specified constraints
- Ability to express ideas effectively and adapt message to audience orally and in writing
- Ability to identify and find solutions to complex problems
- Ability to effectively work on multiple projects at one time and adapt quickly to changing demands
- Ability to work independently with minimal supervision and maintain working relationship to collaborate as part of a team
- Attention to detail and quality
- Skill in analyzing large amounts of data or information, interpreting information, identifying trends, detecting errors, and preparing reports
- Ability to behave ethically, honestly and with integrity

Physical Demands and Work Environment

The physical demands and work environment described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Duties require sufficient mobility to work in a normal office setting and use standard office equipment including a computer, vision to read printed materials and a computer screen and hearing and speech sufficient to communicate in person or over the telephone.

Special Position Requirements

This position requires travel within the CMHPSM region and to meetings outside of the region when requested.

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities, and activities may change at any time with or without notice.

This document does not create an employment contract, implied or otherwise, other than an "at will" relationship.

This job description has been approved by the Chief Executive Officer:

Signature _____ Date _____

Employee signature below constitutes employee's understanding of the requirements, essential functions and duties of the position.

Name _____

Signature _____ Date _____

Community Mental Health Partnership of Southeast Michigan		Policy: Financial Stability & Risk Reserve Management	
CMHPSM Board Governance			
Original Board Approval 8/9/2017	Date of Board Approval 6/14/2023	Date of Implementation 6/14/2023	

I. POLICY / PURPOSE

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to manage funding from the State of Michigan consistent with State Contracts, 2 CFR 200 Uniform Guidance, and prudent financial practices.

II. REVISION HISTORY

Revision Date	Modification
8/9/2017	Original Board Approval
5/13/2020	Reviewed
5/12/2021	Reviewed and Updated
4/12/2023	Proposed edits new application table, reporting clarification

III. APPLICATION

This policy applies to the individuals or groups identified with a checkmark in the table below.

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input type="checkbox"/> Mental Health / Intellectual DD Service Providers
<input type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. OBJECTIVES

The primary objectives of the Financial Stability & Risk Reserve Management policy are to protect the financial stability of the [CMHPSM](#) Region, to ensure sufficient funding is available to deliver medically necessary services to consumers / individuals served within the CMHPSM region and to ensure compliance with State contract requirements.

V. STANDARDS

The CMHSPs shall have a sufficient capacity of staff and/or contracted service providers to ensure that medically necessary services can be furnished to consumers / individuals served promptly and without compromise to quality of care at a reasonable cost. Utilizing a person-centered individual plan of service, the CMHSPs shall provide, or authorize the provision of services in the amount, for the duration, and with a scope that is appropriate to reasonably achieve the medical necessity associated with each authorized service for the consumer individual served.

As it pertains to this Policy, the CMHPSM Chief Financial Officer (CFO) and the CMHSP Finance Officers will be responsible for maintaining effective regional communications related to the financial status of the PIHP and CMHSPs with the Finance Officers of the CMHSPs and SUD Core Providers in order to obtain up-to-date financial information as noted below. The CMHPSM CFO will communicate this information and advise the CMHPSM Chief Executive Officer on its impact on the financial status of the Regional Entity. The CMHPSM CEO will ensure that the appropriate level of financial status details is made available to the CMHPSM Regional Board of Directors in a timely manner.

In order to achieve the objectives of this Policy, the following standards and practices will be followed:

A. REGIONAL BUDGET PROCESSES

a.

- The CMHPSM budget will be developed in accordance with the Mission, Vision, and Values of the CMHPSM, allocating financial resources to ensure delivery of medically necessary services to all individuals that are eligible.
- CMHSP budgets will be developed using revenue projections proposed/developed by the CMHPSM and reviewed by the Regional Finance Committee and Regional Operations Committee.
- The projected revenue available to the regional partner CMHSPs will be allocated according to the CMHPSM Regional Board approved budget. The CMHPSM Regional Board shall approve all allocation methodologies through their budget process.
- The regional partners will work together at the Regional Finance Committee and the Regional Operations Committee to determine the suitability of current and future revenue allocation methodologies. Significant revisions to the allocation methodologies or factors used to calculate the revenue distribution methodology must be regionally agreed upon.
- Revenue distribution methodologies may differ by Medicaid program (traditional, Healthy Michigan, Waiver program), population (Waiver), service type (substance use disorder treatment, mental health or IDD) or some other regionally agreed upon factor.
- The CMHPSM Regional Board has the final authority on any and all revenue distribution methodologies related to PIHP funded programs.
- CMHPSM Regional Board approval of the CMHPSM regional budget is required prior to funding being made available to the CMHSPs.

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- Budgeted expenditures at the CMHSPs ~~will~~shall not exceed the revenue projections as denoted in the most current CMHPSM Regional Board approved budget for that fiscal year.
- Budget amendments will be presented to the CMHPSM Regional Board as recommended by the Regional Finance Committee and the Regional Operations Committee. The CMHPSM Regional Board approves the CMHPSM fiscal year budget and any subsequent budget amendments.
- If significant ~~changes~~variation from a previous fiscal year is anticipated such as (new service provision modalities, administrative operations, labor agreements, etc.) are anticipated in an upcoming ~~budget~~fiscal year, detailed projected financial information should be provided to the CMHPSM in advance to the CMHPSM prior to inclusion in an upcoming budget with as much notice as possible prior to regional budget development.
- The CMHPSM shall develop an internal PIHP administrative budget sufficient to maintain compliance with the PIHP Medicaid Managed Specialty Supports and Services Contract with the Michigan Department of Health and Human Services. The administrative budget must be separately delineated to the CMHPSM Regional Board for review and approval.
- The budgets of the CMHSPs shall include separately delineated budgeted expenses related to the PIHP managed care functions that have been delegated to the CMHSP from the CMHPSM.
- The total CMHPSM budget, including the PIHP administration budget, must be in balance with the revenues that are projected to be received from the Michigan Department of Health and Human Services (MDHHS). Any utilization of non-current year revenue sources such as prior year carryforward, Medicaid savings or ISF funds will be specifically identified within the budget brought to the CMHPSM Board for review and approval.

B. STANDARDIZED MONTHLY FINANCIAL STATUS REPORTING

- The CMHPSM and partner CMHSPs must produce accurate reports of their fiscal year-to-date (FYTD) actual expenditures versus their annual budget in a traditional Revenue and Expense format, by reporting monthly expenditures delineated by Medicaid and Healthy Michigan Plan funding categories. The CMHSPs will provide this information within the standardized template and other requested financial data to the CMHPSM according to an established and agreed upon schedule as approved by ROC on a monthly basis. The financial status reports will be reviewed at the monthly combined regional finance and ROC meeting. The CMHPSM CFO is responsible for communicating the regionally agreed upon template and schedule to the CMHSPs and collecting and summarizing regional finance reports.
- PIHP expenditure information will be reviewed with the CMHPSM Board at its monthly Board meeting in order to keep the Board apprised of the financial condition of the Region in aggregate. The CMHPSM shall present CMHSP financial data on a regular basis to inform the Board of CMHSP financial issues that could present a risk to the overall fiscal health status of the Region.

C. SIGNIFICANT VARIANCES TO BUDGET VARIANCE REPORTING AND CORRECTIVE ACTIONS

- Standardized Monthly Reporting It is important that resources be distributed in an equitable manner throughout the region to ensure services are available to all individuals that are eligible. If standardized monthly FSRs CMHSP FYTD financial reports indicate that significant underspending or overspending is occurring at a CMHSP the subsequent reporting standards within this section will be implemented by the CMHPSM and the CMHPSM Regional Board of Directors, then that CMHSP will be required to submit a written report to the PIHP that explains the variance. A significant amount of underspending or overspending shall be defined as:
 - A 5% or greater v variance from the most recent Board approved budget allocation revenue for an individual CMHSP of more than 5% or \$1,000,000.00, whichever is lesser.
 - A regional variance, wherein the aggregated variance as reported in the standardized monthly FSRs exceeds the current budgeted revenue available to the CMHPSM as a region. A CMHSP variance that is individually within 5% of their annual budgeted revenue but is not in alignment with the regional budget variance trend by 5% or greater. (For example: a single CMHSP is overspending their budgeted revenue at 4%, but the regional variance is trending at an underspend of 3%, thus the CMHSP is 7% off of the regional trend.)
 - A cumulative budget variance of more than 3% when combining the regional CMHSPs and PIHP service and administrative expense budgets. (For example: all four CMHSPs are overspending their budget by 3% would necessitate the utilization of ISF during the fiscal year.)
- Variance Reporting
 - The CMHPSM CEO will make the CMHPSM Regional Board aware of any such individual CMHSP or regional budget variances as soon as possible.
 - Related to individual variances the CMHSP partners shall be required to provide a variation explanation report to the Regional Finance Committee and Regional Operations Committee.
 - The CMHPSM shall also be required to provide a variation explanation report to the Regional Finance Committee and Regional Operations Committee related to its administrative or overall budget.
 - The CMHPSM will provide any and all variance reports to the CMHPSM Regional Board of Directors at its next scheduled meeting.
- PIHP staff will present the CMHSP explanation to the CMHPSM Board related to significant underspending or overspending after analysis at the Regional Finance Committee meeting. Similarly, the CMHPSM will present an explanation to the CMHPSM Board when significant underspending or overspending is occurring within the PIHP internal administrative budget.
- Corrective Action Reporting
 - A corrective action may be required by the CMHPSM Board when significant underspending or overspending occurs a variance report situation occurs within the Region.
 - The corrective action shall indicate required goals, outcomes or metrics and shall be reviewed and approved by the CMHPSM Regional Board.

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- If a corrective action plan is required and the required goals are not met in a timely basis, then the CMHPSM/PIHP shall conduct or contract for an operational and/or financial review of the CMHSP or the CMHPSM itself.
- Operational/ Financial Review
 - An operational review may include examinations of the contracts, costs, levels of Consumer service provision and other items as deemed necessary to understand the overspending or underspending situation corrective action non-compliance.
 - An initial consultative review lead by the CMHPSM will be conducted by individuals from the CMHPSM, as well as all CMHSPs, who are recognized as subject matter experts in the areas that will be reviewed.
 - If the initial consultative review assessment indicates that the issues are structural and not able to be resolved within the current year, then external consultants a multi-year plan may potentially be utilized to aid with the development of a corrective action plan that will resolve the budget non-compliance issue.
 - Recommendations to address a shortfall at one of the CMHSPs may include the redistribution of available funds within the region, if the use of such funding does not adversely impact the delivery of services within the Region.
 - Recommendations may also include the use of available Internal Service Fund (ISF) in the present year, if there are significant revenue changes by the State, new high cost consumers / individuals served enrolled by a CMHSP, increased utilization or changes to the State's requirement on how services are to be provided to consumers / individuals served.
 - If the consultative review assessments determine that a significant budget variance is derived from a local CMHSP's financial management factors, that CMHSP would be required to submit a budget for the following fiscal year that would not require the ongoing use of ISF revenue.
 - Corrective Action Plans may include the consideration of alternative sourcing options for service provision or other financial actions which would not disrupt the provision of services.
 - The CMHPSM Regional Board may also require a targeted financial and/or operational review if it determines that standardized monthly financial reporting is not accurate, timely, or significant variation is occurring within that reporting.
- The Regional Operations Committee may recommend to the CMHPSM Board that the PIHP conduct a The CMHPSM Regional Board reserves the right to direct a targeted financial/operational review of a CMHSP, multiple CMHSPs, all CMHSP partners in the region, or the CMHPSM administration to the CMHPSM Board when an emerging financial concern projects to will negatively impact the region's financial stability. The CMHPSM Board may require approve such an emergency targeted financial and/or operational review without first requiring a corrective action plan, if necessary.

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D. UTILIZATION OF INTERNAL SERVICE FUND BALANCE

- The Internal Service Fund (ISF) is to shall primarily be utilized to hold funds necessitated by the CMHPSM risk management strategy relative to the shared risk corridor with MDHHS.
- The CMHPSM Board of Directors must approve the allocation or utilization of any and all ISF funds through their budget and or expenditure approval processes.
- CMHPSM administrative staff will work with regional CMHSP partners in Regional Finance Committee and Regional Operations Committee to determine the necessity of an ISF utilization. request
- The requested utilization of ISF funds for an unplanned expenditure level should be related to significant decreased in regional revenue due to eligibility or capitation rate decreases, and/or increased expenditures related to Generally, use of the ISF should only be requested if there are significant unexpected changes during a fiscal year which can't be managed regionally within current year revenue. Potential current year ISF utilization will be reviewed initially at the Regional Finance Committee. Examples of significant unexpected changes include regional revenue not meeting projections, service delivery that exceeds projected medical necessity, expansion of service benefits or beneficiaries. The veracity of these variation reports will be reviewed initially at the Regional Finance and Regional Operations Committees, and other appropriate variances as reviewed by the Regional Operations Committee.
- ~~The ISF should be the option of last resort to address present fiscal year budget overruns. The Regional Operations Committee will review all utilization of the ISF on a regional basis.~~
- ~~The utilization of ISF resources will be brought to the CMHPSM Board for approval during the initial or amended budget processes.~~

VI. DEFINITIONS

Balanced Budget: A budget in which expenses are equal to or less than the estimated or projected revenue.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan for Lenawee, Livingston, Monroe and Washtenaw counties for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Service Program (CMHSP): Separate legal entities that the CMHPSM contracts with for the provision of Medicaid services to residents of the Counties served by the CMHPSM.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

Internal Service Fund (ISF): The Internal Service Fund (ISF) is one method for securing funds as part of the overall strategy for covering risk exposure under the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract. The

ISF should be kept at a minimum to assure that the overall level of PIHP funds are directed toward consumer services.

2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.

Regional Operating Committee (ROC): Committee comprised of the Executive Directors of the CMHSPs and the CEO of the CMHPSM.

VII. REFERENCES

1. Agreement Between Michigan Department of Health and Human Services And PIHP: CMH PARTNERSHIP OF SOUTHEAST MI for The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) and 1115 Waiver Program(s), and the Healthy Michigan Program.
2. 2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards
3. Agreements Between CMHPSM And the Lenawee, Livingston, Monroe, and Washtenaw County CMHSPs For the Provision of Medicaid Services to Residents of Their Respective Counties



Regional Board Action Request – Financial Stability & Risk Reserve Management

Board Meeting Date: September 11, 2024

Action Requested: Approval of Financial Stability & Risk Reserve Management Board Governance Policy

Background: The Regional Finance Committee and Regional Operations Committee have suggested the incorporated changes to the policy as presented. The revised policy standards include the new financial reporting practices implemented over the past few months. The policy also now clearly identifies the different levels and types of reporting requirements: Monthly Standardized Reporting, Variance Reporting, and Corrective Action Reporting. We have also included a more strict variation reporting threshold of 5% or \$1 million whichever is less.

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The CMHPSM Regional Board of Directors provides oversight of CMHPSM implementation of the PIHP/MDHHS Contract through the CMHPSM Governance Policy Manual and Board Governance policies.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan Employee Handbook



Revised:
~~9/13/2023~~9/11/2024

HANDBOOK DISCLAIMER

We prepared this handbook to help employees find the answers to many questions that they may have regarding their employment with Community Mental Health Partnership of Southeast Michigan (CMHPSM). Please take the necessary time to read it.

We do not expect this handbook to answer all questions related to CMHPSM employment. Supervisors and the Human Resources and Regional Coordinator also serve as a major source of information.

Neither this handbook nor any other verbal or written communication by a management representative is, nor should it be considered to be, an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation, nor does it confer any contractual rights whatsoever. Community Mental Health Partnership of Southeast Michigan adheres to the policy of employment at will, which permits the CMHPSM or the employee to end the employment relationship at any time, for any reason, with or without cause or notice.

No CMHPSM representative other than the CEO may modify at-will status and/or provide any special arrangement concerning terms or conditions of employment in an individual case or generally and any such modification must be in a signed writing.

Many matters covered by this handbook, such as benefit plan descriptions, are also described in separate CMHPSM documents. These CMHPSM documents are always controlling over any statement made in this handbook or by any member of management.

This handbook states only general CMHPSM guidelines. The CMHPSM may, at any time, in its sole discretion, modify or vary from anything stated in this handbook, with or without notice, except for the rights of the parties to end employment at will, which may only be modified by an express written agreement signed by the employee and the CEO.

This version of the handbook supersedes all prior handbooks.

TABLE OF CONTENTS

Section 1 - Governing Principles of Employment.....	6
1-1 Introduction.....	6
1-2 CMHPSM Vision, Mission and Values.....	6
1-3 CMHPSM Board of Directors.....	7
1-4 Equal Employment Opportunity.....	7
1-5 Reporting Discriminatory Employment Practices.....	7
1-6 Non-Harassment.....	8
1-7 Reporting Harassment.....	8
1-8 Sexual Harassment.....	9
1-9 Reporting Sexual Harassment.....	9
1-10 Drug-Free and Alcohol-Free Workplace.....	9
1-11 Workplace Violence.....	10
Section 2 - Operational Policies.....	12
2-1 Employee Classifications.....	12
2-2 Your Employment Records.....	12
2-3 Background Checks.....	12
Disclosing Certain Criminal Information.....	13
2-4 Working Hours and Schedule.....	13
2-5 Timekeeping Procedures.....	14
2-6 Overtime.....	14
2-7 Safe Harbor Policy for Exempt Employees.....	14
2-8 Your Paycheck.....	16
2-9 Direct Deposit.....	16
2-10 Salary Advances.....	16
2-11 Performance and Salary Review.....	16
Supervision and Work Plans.....	17
2-12 Internal Transfers/Promotions.....	17
2-13 Temporary Salary Adjustment.....	17
2-14 Job Descriptions.....	18
2-15 Job Postings.....	18
Section 3 - Benefits.....	19
3-1 Benefits Overview/Disclaimer.....	19
3-2 Paid Holidays.....	20
Floating Holidays.....	20
3-3 Paid Time Off For Full-Time Employees.....	21
3-4 Paid Time Off For Part-Time Employees.....	22
3-5 Paid Time Off Donation.....	22
3-6 Lactation Breaks.....	23
3-7 Workers' Compensation.....	23
3-8 Jury Duty.....	24

3-9 Bereavement Leave 24

3-10 Voting Leave 24

3-11 Insurance Programs 25

 Medical Insurance 25

 Dental and Vision Insurance 25

 Life and Accidental Death & Dismemberment Insurance 26

3-12 Short-Term and Long-Term Disability Benefits 26

3-13 Employee Assistance Program 26

3-14 Retirement Plan 27

Section 4 - Leaves of Absence 28

 4-1 Personal Leave 28

 4-2 Military Leave 29

Section 5 - General Standards of Conduct 29

 5-1 Workplace Conduct 29

 5-2 Open Communication 30

 5-3 Punctuality and Attendance 31

 5-4 Use of Communications and Computer Systems 32

 5-5 Use of Social Media 33

 5-6 Personal and Company-Provided Portable Communication Devices 34

 Portable Communication Device Use While Driving 34

 5-7 Inspections 35

 5-8 Smoking 35

 5-9 Personal Mail 36

 5-10 Personal Visits and Telephone Calls 36

 5-11 Solicitation and Distribution 36

 5-12 Confidential Company Information 36

 5-13 Conflict of Interest and Business Ethics 37

 5-14 Political Activity 37

 5-15 Outside Employment 38

 5-16 Use of Facilities, Equipment and Property, Including Intellectual Property 38

 5-17 Building Access and Sign-in Procedures 39

 5-18 Health and Safety 39

 Emergency Response Plan 40

 Inclement Weather or Other Emergency Closure 40

 5-19 Hiring Relatives/Employee Relationships 40

 5-20 Employee Dress and Personal Appearance 41

 5-21 Publicity/Statements to the Media 41

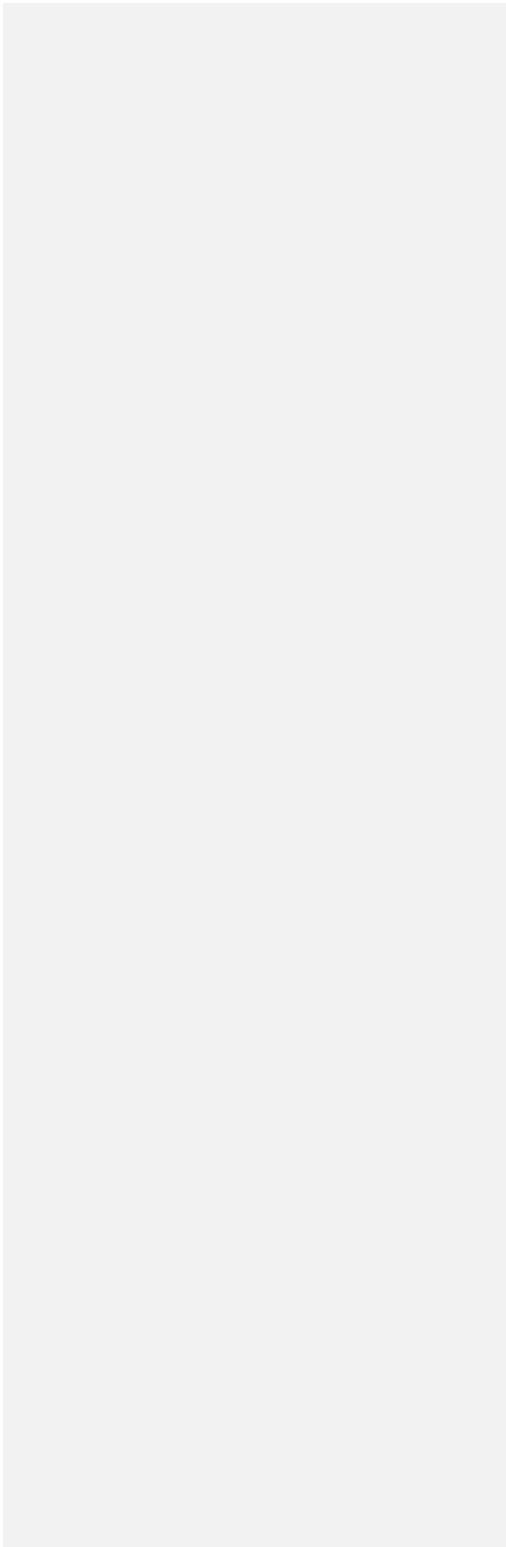
 5-22 Operation of Vehicles 41

 Portable Communication Device Use While Driving 42

 5-23 Business Expense Reimbursement 42

 Expenses for Conferences and Travel 42

5-24 References	43
5-25 Employee Separation	43
Termination	43
Job Abandonment	43
Resignation	43
Termination of Benefits and COBRA	45
5-26 Exit Interviews	45
Section 6 - Michigan Addendum	45
6-1 Working Hours and Schedule	45
6-2 Your Paycheck	45
6-3 Social Security Number Privacy Act	45
6-4 Victims of Crime Leave	46
6-5 A Few Closing Words	48
General Handbook Acknowledgment	49
Receipt of Sexual Harassment Policy	50
Reporting Sexual Harassment	50
Receipt of Non-Harassment Policy	52
Reporting Harassment	52



Section 1 - Governing Principles of Employment

1-1 Introduction

For those of you who are commencing employment with CMHPSM, let me extend a warm and sincere welcome. We are confident that you will find our organization a dynamic and rewarding place in which to work and we look forward to a productive and successful association. We are glad to have you with us.

For those of you who have been with us, thank you for your past and continued service.

I extend to you my personal best wishes for your success and happiness here at CMHPSM. We understand that it is our employees who provide the services that our customers rely upon, and who will grow and enable us to create new opportunities in the years to come.

James Colaianne, MPA

CMHPSM Chief Executive Officer

1-2 CMHPSM Vision, Mission and Values

Our Vision

The CMHPSM shall address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery and promote recovery and wellness.

Our Mission

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Our Values

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared Governance
- Innovative and Data Driven Decision Making
- Learning Organization Values

1-3 CMHPSM Board of Directors

The CMHPSM Board of Directors consists of thirteen (13) members; twelve (12) members from the four CMHSP Partners and one (1) member from the Substance Use Disorder Oversight Policy Board. Three (3) members are appointed by each CMHSP Partner in our Region. At least one (1) member from each CMHSP Partner must be a primary or secondary consumer. Each member is appointed for a three-year term. The CMHPSM Board of Directors appoints a Chief Executive Officer who is responsible for day-to-day operations of the CMHPSM and reports directly to the CMHPSM Board of Directors.

1-4 Equal Employment Opportunity

The CMHPSM is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws. Our management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

The CMHPSM will endeavor to ~~make a reasonable~~ provide reasonable accommodation to the known physical or mental limitations of qualified employees with disabilities unless the accommodation would impose an undue hardship on the operation of our business. If you need assistance to perform your job duties because of a physical or mental condition, please let the Human Resources and Regional Coordinator know.

The CMHPSM will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not ~~pose an~~ pose an undue hardship on the CMHPSM's operations. If you wish to request such an accommodation, please speak to the Human Resources and Regional Coordinator.

1-5 Reporting Discriminatory Employment Practices

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third- party HR partner to process the complaint. The CMHPSM will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. If you feel you have been subjected to any such retaliation, report it in the same manner you would

report a perceived violation of this policy. To ensure our workplace is free of artificial barriers, violation of this policy including any improper retaliatory conduct will lead to discipline, up to and including discharge.

1-6 Non-Harassment

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

1-7 Reporting Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third- party HR partner to process the complaint. Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy.

If an employee feels ~~he or she~~they ~~has~~have been subjected to any such retaliation, ~~he or she~~they should report it in the same way the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

1-8 Sexual Harassment

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit harassment of any employee by any Supervisor, employee, customer, or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the CMHPSM. It is to ensure that at the CMHPSM all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment and there is a wide range of behavior that may violate this policy even if such behavior does not violate the law, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

1-9 Reporting Sexual Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third-party HR partner to process the complaint.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If you feel you have been subjected to any such retaliation, report it in the same manner you would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

1-10 Drug-Free and Alcohol-Free Workplace

To help ensure a safe, healthy, and productive work environment for our employees and others, to protect CMHPSM property, and to ensure efficient operations, the CMHPSM has

adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for the CMHPSM.

The unlawful or unauthorized use, abuse, solicitation, theft, possession, transfer, purchase, sale or distribution of controlled substances, drug paraphernalia or alcohol by an individual anywhere on CMHPSM premises, while on CMHPSM business (whether on CMHPSM premises or not) or while representing the CMHPSM, is strictly prohibited. Employees and other individuals who work for the CMHPSM also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, which may impact an employee's ability to perform his or her job or otherwise pose safety concerns, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the employee or individual to report to work. However, this does not extend any right to report to work under the influence of medical marijuana or to use medical marijuana as a defense to a positive drug test, to the extent an employee is subject to any drug testing requirement, to the extent permitted by and in accordance with applicable law. Violation of this policy will result in disciplinary action, up to and including discharge.

The CMHPSM maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history which reflects treatment for substance abuse conditions. However, employees may not request an accommodation to avoid discipline for a policy violation. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs or jeopardizes the health and safety of any CMHPSM employee, including themselves. Employees must notify the CMHPSM within three (3) calendar days if they are convicted of a criminal drug violation in the workplace.

All employees are hereby advised that full compliance with the foregoing policy shall be a condition of employment at the CMHPSM.

Any employee who violates the foregoing drug-free workplace policy described above shall be subject to discipline up to and including immediate discharge.

In the discretion of the CMHPSM, any employee who violates the drug-free workplace policy may be required, in connection with or in lieu of disciplinary sanctions, to participate to the CMHPSM's satisfaction in an approved drug assistance or rehabilitation program.

1-11 Workplace Violence

The Community Mental Health Partnership of Southeast Michigan is strongly committed to providing a safe workplace. The purpose of this policy is to minimize the risk of personal injury to employees and damage to CMHPSM and personal property.

We do not expect employees to become experts in psychology or to physically subdue a threatening or violent individual. Indeed, we specifically discourage employees from engaging in any physical confrontation with a violent or potentially violent individual. However, we do

expect and encourage employees to exercise reasonable judgment in identifying potentially dangerous situations.

Experts in the mental health profession state that prior to engaging in acts of violence, troubled individuals often exhibit one or more of the following behaviors or signs: over-resentment, anger and hostility; extreme agitation; making ominous threats such as bad things will happen to a particular person, or a catastrophic event will occur; sudden and significant decline in work performance; irresponsible, irrational, intimidating, aggressive or otherwise inappropriate behavior; reacting to questions with an antagonistic or overtly negative attitude; discussing weapons and their use, and/or brandishing weapons in the workplace; overreacting or reacting harshly to changes in CMHPSM policies and procedures; personality conflicts with co-workers; obsession or preoccupation with a co-worker or Supervisor; attempts to sabotage the work or equipment of a co-worker; blaming others for mistakes and circumstances; or demonstrating a propensity to behave and react irrationally.

Prohibited Conduct

Threats, threatening language or any other acts of aggression or violence made toward or by any CMHPSM employee WILL NOT BE TOLERATED. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, any attempt at intimidating or instilling fear in others, menacing gestures, flashing of weapons, stalking or any other hostile, aggressive, injurious, or destructive action undertaken for the purpose of domination or intimidation. To the extent permitted by law, employees and visitors are prohibited from carrying weapons onto CMHPSM premises.

Procedures for Reporting a Threat

All potentially dangerous situations, including threats by co-workers, should be reported immediately to any member of the leadership team with whom the employee feels comfortable. Reports of threats may remain confidential to the extent maintaining confidentiality does not impede our ability to investigate and respond to the complaints. All threats will be promptly investigated. All employees must cooperate with all investigations. No employee will be subjected to retaliation, intimidation, or disciplinary action as a result of reporting a threat in good faith under this policy.

If the CMHPSM determines, after an appropriate good faith investigation, that someone has violated this policy, the CMHPSM will take swift and appropriate corrective action.

If an employee is the recipient of a threat made by an outside party, that employee should follow the steps detailed in this section. It is important for us to be aware of any potential danger in our offices. Indeed, we want to take effective measures to protect everyone from the threat of a violent act by an employee or by anyone else.

Section 2 – Operational Policies

2-1 Employee Classifications

For purposes of this handbook, all employees fall within one of the classifications below.

Full-Time Employees – Employees who regularly work at least 40 hours per week who were not hired on a short-term basis.

Part-Time Employees – Employees who regularly work fewer than 40 hours per week who were not hired on a short-term basis. Part-Time employees generally are not eligible for CMHPSM benefits, paid holiday, or floating holiday time off, but are eligible for pro-rated paid time off and statutory benefits.

Short-Term Employees – Employees who were hired for a specific short-term project, or on a short-term freelance, per diem or temporary basis. Short-Term Employees generally are not eligible for CMHPSM benefits, paid holiday, or floating holiday time off or paid time off but are eligible to receive statutory benefits.

In addition to the above classifications, employees are categorized as either “**exempt**” or “**non-exempt**” for purposes of federal and state wage and hour laws. Employees classified as exempt do not receive overtime pay; they generally receive the same weekly salary regardless of hours worked. Such salary may be paid less frequently than weekly. The employee will be informed of these classifications upon hire and informed of any subsequent changes to the classifications.

2-2 Your Employment Records

To obtain their position, employees provided us with personal information, such as address and telephone number. This information is contained in the employee’s personnel file.

The employee should keep his or her personnel file up to date by informing the Human Resources and Regional Coordinator of any changes. The employee also should inform the Human Resources and Regional Coordinator of any specialized training or skills ~~he or she~~ they may acquire in the future, as well as any changes to any required visas. Unreported changes of address, marital status, etc. can affect withholding tax and benefit coverage. Further, an “out of date” emergency contact or an inability to reach the employee in a crisis could cause a severe health or safety risk or other significant problem.

2-3 Background Checks

To ensure that individuals who join CMHPSM are well qualified and to ensure that CMHPSM maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant’s resume or application form.

All offers of employment are conditioned on receipt of a background check report that is acceptable to CMHPSM. All background checks are conducted in conformity with the Americans with Disabilities Act, and state and federal laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead the CMHPSM to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks include a criminal record check, although a criminal conviction does not automatically bar an applicant from employment.

Additional checks such as a driving record review, credit check, or other allowable checks may be made on applicants for particular job categories if appropriate and job-related as determined by the CEO.

Regular criminal background checks will be conducted for all current employees every three years, at minimum. The CMHPSM reserves the right to conduct a background check for current employees at any time.

Disclosing Certain Criminal Information

All employees shall fully disclose to the Human Resources and Regional Coordinator 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 CPS Central Registry as a perpetrator, shall notify in writing the Human Resources and Regional Coordinator 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 CMHPSM 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.

2-4 Working Hours and Schedule

Normal business hours are 8:30 a.m. to 5:00 p.m. Monday through Friday. The work week will normally consist of five (5) working days. To accommodate the needs of the CMHPSM, employees may be required to work specifically scheduled days or hours. Staffing and operational needs may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. ~~Employees may use flex time when planning their working hours, as approved by their supervisor. Employees may have some flexibility in planning their working hours, as approved by their supervisor.~~ Telecommuting options are available based on the CMHPSM Remote Work operational policy and when authorized by your supervisor. It is expected that employees will maintain an up-to-date electronic calendar using the shared calendaring system to communicate planned schedules and availability to the team and supervisor.

2-5 Timekeeping Procedures

Employees must record their actual time worked for payroll and benefit purposes. Non-exempt employees must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason, on forms as prescribed by management.

Altering, falsifying, or tampering with time records is prohibited and subjects the employee to discipline, up to and including discharge.

Exempt employees are required to record their daily work attendance and report half days and full days of absence from work for reasons such as leaves of absence, sick leave, or personal business.

Non-exempt employees may not start work until their scheduled starting time.

It is the employee's responsibility to sign time records to certify the accuracy of all time recorded. Any errors in the time record should be reported immediately to their Supervisor and the Human Resources and Regional Coordinator, who will attempt to correct legitimate errors.

2-6 Overtime

Like most successful companies, we experience periods of extremely high activity. During these busy periods, additional work is required from all of us. Supervisors are responsible for monitoring business activity and requesting overtime work ~~if it is~~ necessary. Efforts will be made to provide employees with adequate advance notice in such situations.

Any non-exempt employee who works overtime will be compensated at the rate of one and one-half times (1.5) his/her normal hourly wage for all time worked in excess of forty (40) hours each week, unless otherwise required by law.

Employees may work overtime only with prior management authorization.

For ~~purposes~~the purpose of calculating overtime for non-exempt employees, the workweek begins at 8:30 a.m. on Monday and ends 168 hours later at 8:30 a.m. on the following Monday.

2-7 Safe Harbor Policy for Exempt Employees

It is our policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure proper payment and that no improper deductions are made, employees must review pay stubs promptly to identify and report all errors.

Employees classified as exempt salaried employees will receive a salary which is intended to compensate them for all hours; they may work for the Community Mental Health Partnership of Southeast Michigan. This salary will be established at the time of hire or classification as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work performed.

Under federal and state law, salary is subject to certain deductions. For example, unless state law requires otherwise, salary can be reduced for the following reasons:

- full-day absences for personal reasons;
- full-day absences for sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing wage replacement benefits for such absences (deductions also may be made for the exempt employee's full-day absences due to sickness or disability before the employee has qualified for the plan, policy or practice or after the employee has exhausted the leave allowance under the plan);
- full-day disciplinary suspensions for infractions of our written policies and procedures;
- family and Medical Leave absences (either full- or partial-day absences);
- to offset amounts received as payment from the court for jury and witness fees or from the military as military pay;
- the first or last week of employment in the event the employee works less than a full week; and
- any full work week in which the employee does not perform any work.

Salary may also be reduced for certain types of deductions such as a portion of health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a defined contribution retirement plan.

In any work week in which the employee performed any work, salary will not be reduced for any of the following reasons:

- partial day absences for personal reasons, sickness or disability;
- an absence because the employer has decided to close a facility on a scheduled workday;
- absences for jury duty, attendance as a witness, or military leave in any week in which the employee performed any work (subject to any offsets as set forth above); and
- any other deductions prohibited by state or federal law.

However, unless state law provides otherwise, deductions may be made to accrued leave for full- or partial-day absences for personal reasons, sickness, or disability.

If the employee believes ~~he or she~~they ~~has~~have been subject to any improper deductions, the employee should immediately report the matter to a supervisor. If the supervisor is unavailable or if the

employee believes it would be inappropriate to contact that person (or if the employee has not received a prompt and fully acceptable reply), ~~he or she~~they should immediately contact Human Resources and Regional Coordinator or any other supervisor in Community Mental Health Partnership of Southeast Michigan with whom the employee feels comfortable.

2-8 Your Paycheck

The employee will be paid bi-weekly for all the time worked during the past pay period. Payroll stubs itemize deductions made from gross earnings. By law, the CMHPSM is required to make deductions for Social Security, federal income tax and any other appropriate taxes. These required deductions also may include any court-ordered garnishments. Payroll stubs also will differentiate between regular pay received and overtime pay received.

If there is an error in an employee's pay, the employee should bring the matter to the attention of the Human Resources and Regional Coordinator immediately so the CMHPSM can resolve the matter quickly and amicably.

Paychecks will be given only to the employee, unless ~~he or she~~they ~~requests~~request that they be mailed, or authorize in writing another person to accept the check.

2-9 Direct Deposit

Community Mental Health Partnership of Southeast Michigan strongly encourages employees to use direct deposit. Employees may add/update direct deposit information directly within the third-party HR payroll system.

2-10 Salary Advances

The Community Mental Health Partnership of Southeast Michigan does not permit advances on paychecks or against any accrued paid time off.

2-11 Performance and Salary Review

During the first year of employment, employees will normally receive performance reviews a minimum of two times, once near the end of the first six (6) months of employment and again near the one (1) year anniversary date. Thereafter employees will receive a performance review annually near their anniversary date.

Employees will complete a self-evaluation performance review, submit the self-review to their supervisor and then meet with their supervisor to discuss the review. The performance review will be discussed, and both the employee and manager will sign the form to ensure that all strengths, areas for improvement and job goals for the next review period have been clearly communicated. Performance review forms will be retained in the employee's personnel file.

A positive performance review does not always result in an automatic salary increase, a promotion or continued employment. Compensation increases and the terms and conditions of employment, transfers, promotions, and demotions are determined by and at the discretion of the CMHPSM CEO.

Supervision and Work Plans

In addition to formal annual performance reviews, the CMHPSM encourages regular meetings with your supervisor to discuss your job performance and work plan. Normally supervision sessions are scheduled as needed, but minimally occur once per quarter. The purpose of these sessions is to recognize positive performance, improve poor performance and/or to address other issues in the work environment.

To improve supervision, each employee should work with their supervisor to develop an annual work plan. This work plan shall be developed at the beginning of each annual review cycle. The work plan should be designed to meet the goals of the organization and the employee. The work plan should include goals such as targets for project completion, improved accuracy of work, and professional development where needed. The work plan should be reviewed at each quarterly supervision meeting to ensure the employee is on target to meet goals and to discuss where goals should be adjusted, added, or removed and ways the supervisor may be able to remove obstacles to meeting identified goals.

2-12 Internal Transfers/Promotions

The CMHPSM is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. Management prefers to promote from within and may first consider current employees with the necessary qualifications and skills to fill vacancies above the entry level. CMHPSM reserves the right to seek applicants solely from internal sources initially and then external if necessary, or to post positions internally and externally simultaneously. Management maintains the right to initiate transfers of employees between facilities to meet specified work requirements and reassignment of work requirements.

2-13 Temporary Salary Adjustment

When an employee on a consistent but temporary basis is asked to perform the work of a higher-tiered position on the CMHPSM salary scale, a temporary salary adjustment may be utilized by the CMHPSM to compensate the employee.

- Temporary basis is defined as at least one full pay period.
- The CEO will determine when individual employees are eligible for a temporary salary adjustment. Recommendations for a temporary salary adjustment must be submitted from a Leadership Team member to the CEO.

- A temporary salary adjustment can be up to an additional ten percent (10%) increase in salary. The calculated increase percentage for salary adjustments will be determined by the CEO.
- No temporary salary adjustment will allow an employee to be compensated above the maximum step on their current position's salary tier.
- Any temporary salary adjustment will be reviewed on a bi-monthly basis and will not generally last longer than one (1) year.
- Any temporary salary adjustment will not impact the employee's regular tier and step position on the salary scale.
- After a temporary salary adjustment has been discontinued, the employee will revert back to their appropriate salary step level.

2-14 Job Descriptions

CMHPSM attempts to maintain job descriptions for all authorized positions. The contents of the job descriptions are within the sole discretion of CMHPSM. Each employee shall receive a written job description at time of hire and at every change thereafter. Each employee will review, sign and date their job description. Copies of job descriptions will be kept in individual personnel files. The CMHPSM recommends that employees and their supervisor review employee job descriptions at minimum every two (2) years, or when an individual employee's primary job functions change significantly. Job descriptions may be revised or altered at the sole discretion of CMHPSM as a means of operational efficiency and the changing nature of conducting business.

2-15 Job Postings

The Community Mental Health Partnership of Southeast Michigan is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. This policy outlines the on-line job posting program which is in place for all employees. To be eligible to apply for an open position, employees must ~~meet several requirements:~~

- Be a current, regular, full-time, or part-time employee
 - Be in their current position for at least six months
 - Maintain a performance rating of satisfactory or above
 - Not be on an employee conduct/performance-related probation or warning
 - Meet the job qualifications listed on the job posting
 - Provide the employee's manager with notice prior to applying for the position
-
- ~~Should be a current, regular, full-time, or part-time employee~~
 - ~~Been in your current position for at least six months~~
 - ~~Maintain a performance rating of satisfactory or above~~
 - ~~Should not be on an employee conduct/performance related probation or warning~~
 - ~~Must meet the job qualifications listed on the job posting~~

• ~~Required to provide the employee's manager with notice prior to applying for the position~~

If the employee finds a position of interest on the job posting website and meets the eligibility requirements, an on-line job posting application must be completed to be considered for the position. Not all positions are guaranteed to be solely internally posted. The CMHPSM reserves the right to seek applicants solely from internal sources initially and then external sources if necessary, or to post positions internally and externally simultaneously.

For more specific information about the program, please contact the Human Resources and Regional Coordinator.

Section 3 – Benefits

3-1 Benefits Overview/Disclaimer

In addition to good working conditions and competitive pay, it is the Community Mental Health Partnership of Southeast Michigan's policy to provide a combination of supplemental benefits to all eligible employees. In keeping with this goal, each benefit program has been carefully devised. These benefits include time-off benefits, such as vacations and holidays, and insurance and other plan benefits. We are constantly studying and evaluating our benefits programs and policies to better meet present and future requirements. These policies have been developed over the years and continue to be refined to keep up with changing times and needs.

The next few pages contain a brief outline of the benefits programs the Community Mental Health Partnership of Southeast Michigan provides employees and their families. Of course, the information presented here is intended to serve only as guidelines.

The descriptions of the insurance and other plan benefits merely highlight certain aspects of the applicable plans for general information only. The details of those plans are spelled out in the official plan documents, which are available for review upon request from the Human Resources and Regional Coordinator. Additionally, the provisions of the plans, including eligibility and benefits provisions, are summarized in the summary plan descriptions ("SPDs") for the plans (which may be revised from time to time). In the determination of benefits and all other matters under each plan, the terms of the official plan documents shall supersede the language of any descriptions of the plans, including the SPDs and this handbook.

Further, the Community Mental Health Partnership of Southeast Michigan (including the officers and administrators who are responsible for administering the plans) retains full discretionary authority to interpret the terms of the plans, as well as full discretionary authority with regard to administrative matters arising in connection with the plans and all issues concerning benefit terms, eligibility and entitlement.

While the CMHPSM intends to maintain these employee benefits, it reserves the absolute right to modify, amend or terminate these benefits at any time and for any reason.

If employees have any questions regarding benefits, they should contact the [Human Resources and Regional Coordinator](#).

3-2 Paid Holidays

The CMHPSM observes the following ten (10) holidays each year:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Should a holiday fall on a Saturday, the holiday will be observed on the preceding Friday. Should a holiday fall on a Sunday, the holiday will be observed on the following Monday. Should the Christmas Eve or New Year's Eve holiday fall on Friday, that holiday will be observed on the preceding Thursday. Should Christmas Eve or New Year's Eve fall on Saturday or Sunday, that holiday shall be observed the preceding Friday.

Floating Holidays

In addition to the holidays listed above, the CMHPSM also observes four (4) floating holidays. The floating holidays are available to all full-time, regular employees to be taken off on either the day of the holiday, or on a different day following the date of the holiday as chosen by the employee. These four floating holidays allow employees to have additional paid leave to cover absences for personal reasons, such as religious observances or parent-teacher conferences, or to supplement PTO and holiday leave.

[Full-time eE](#) Employees are eligible for the designated floating holidays that occur after their start-date with the organization. The four designated floating holidays are:

- Presidents' Day
- Juneteenth National Independence Day
- Columbus / Indigenous Peoples Day
- Veterans Day

Floating holidays may only be used to cover full-day absences. They must be taken in the calendar year in which given, and on or after the date of the floating holiday. Under no circumstances will these days be carried over to the next calendar year, nor may they be cashed out if not taken or paid upon termination of employment.

A floating holiday must be scheduled and approved in advance by the employee's supervisor.

3-3 Paid Time Off For Full-Time Employees

We know how hard you work and recognize the importance of providing you with time for rest, relaxation, illness, well-care, and other appointments. We fully encourage you to get this rest and take care of yourself and your family by taking your paid time off. The paid time off (PTO) program combines vacation, sick and personal leave benefits into one comprehensive plan. PTO may be taken for any purpose including vacation, personal illness, or time off to care for dependents.

All full-time employees will be eligible for PTO benefits. PTO leave will accrue beginning on the first day of employment. Any employee hired before the end of the first half of the calendar year receives eighteen (18) PTO days; any employee hired during the second half of the calendar year receives nine (9) PTO days. All eligible employees will receive an annual PTO accrual based on length of service on January 1st of each year, thereafter. To offer employees an incentive to stay with the CMHPSM, PTO annual accrual amounts will increase based on length of service and will be added to the employee's PTO bank on the date of employment anniversary. The PTO accrual increase is earned according to the following schedule:

Length of service	Annual PTO Accrual
0-2 years	18 days per year (1.5 days per month)
3-5 years	21 days per year (1.75 days per month)
6-7 years	24 days per year (2.0 days per month)
8-9 years	27 days per year (2.25 days per month)
10 or more years	30 days per year (2.5 days per month)

A maximum of seven (7) days or fifty-six (56) hours of PTO time not used prior to December 31st will be carried into the following calendar year. Under no circumstances shall an employee begin the calendar year with more than 56 additional hours of PTO carried over from the previous year, in addition to their annual accrued amount determined by the length of service (see table above).

PTO may be taken in half-day (4.0 hour) or full-day (8.0 hour) increments by full-time salaried non-exempt employees.

Employees must ensure that they have enough accrued PTO available to cover the dates requested. All paid PTO leave hours must be exhausted before non-paid time may be used. If paid leave has been exhausted, one (or more) full day(s) will be deducted from an employee's salary for absences from work.

Employees may not take more than two consecutive weeks of paid leave at a time without written approval of the Chief Executive Officer. Limiting the amount of leave taken is intended to allow for better planning of coverage of work activities while the employee is absent.

Employees must receive supervisory approval for PTO use in advance via the Employee Leave Request Form, except in the case of illness or emergency. In the case of illness or emergency, the employee should submit a leave request upon returning to the office. When possible, these leave requests should be made at least two (2) weeks in advance of the

requested leave. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. Every effort will be made to grant your request, however, if too many people request the same period of time off, CMHPSM reserves the right to choose who may take time off during that period. Individuals with the longest length of service generally will be given preference. If the request for time off is denied, the supervisor should provide an appropriate reason on the form returned to the employee.

Requests should be made to the supervisor with as much advance notice as possible, with a minimum of one (1) day notice for any absence that will disrupt a work assignment or a deadline. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. For scheduled time off, an employee must find coverage for any activities, duties or responsibilities that need to be addressed in their absence. An employee who finds it necessary to use PTO for an emergency must notify their supervisor no later than ~~two (2) hours after~~ the start of the workday, if possible. In case of emergency, an employee must notify their supervisor of any activities, duties or responsibilities that will need to be covered. CMHPSM may require the employee to provide verification of the emergency.

Paid time off will be paid at the employee's base rate at the time the leave is taken. If a holiday falls during the employee's time off, the day will be charged to holiday leave rather than to PTO.

Employees returning to work from an illness or leave of absence may be required by their supervisor to submit a statement from their physician verifying their ability to work.

PTO is not accrued while an employee is on unpaid leave or when short- or long-term disability benefits are paid. A pro-rated adjustment to the annual accrual will be made in accordance with the length of the leave.

3-4 Paid Time Off For Part-Time Employees

Part-time employees are those who are hired to work less than 40 hours per week. Part-time employees receive no benefits other than Paid Time Off (PTO), the amount of which is pro-rated based on the average number of hours for which the position was created. For example, a person hired into a part time 20-hour per week position during the first half of the year is eligible for 72 hours of PTO according to the PTO standards in the Employee Handbook related to start date of employment.

Part-time or full-time hourly exempt employees may utilize PTO in hourly increments.

3-5 Paid Time Off Donation

Regular employees shall be allowed to donate up to 8 hours of paid time off (PTO) to another regular employee who has experienced a qualifying event, as determined by the CEO. Qualifying events may include a medical emergency, the care for an immediate family member in the event of a medical emergency, or the need for extended time off following the death of an immediate family member.

PTO hours may be donated in increments of either 4 hours or 8 hours, with 8 hours being the maximum allowable hours to be donated per qualifying event.

Donated PTO hours must be used by the recipient employee in the same calendar year in which the PTO hours were donated.

To be eligible for the receipt of a PTO donation, the recipient employee must have exhausted all of his or her own paid leave time (including PTO and employer-sponsored short-term and/or long-term disability), must complete a written request, and must have the scheduled time off or leave of absence approved by the CMHPSM. PTO must be donated to a specific recipient employee. Once surrendered, PTO cannot be returned to the donor employee, but will remain available for use by the specific recipient employee.

If a recipient employee receives PTO hours from a donor employee with a different pay rate, the PTO hours will be converted based on the recipient employee's pay rate, so that the dollar value of the surrendered leave remains the same, but leave taken by the recipient employee is always paid at the recipient employee's regular rate of pay.

It is the responsibility of each employee to monitor his or her PTO bank to ensure that adequate PTO time is available to allow for a donation.

3-6 Lactation Breaks

The CMHPSM will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child, in accordance with and to the extent required by applicable law. The break time, if possible, must run concurrently with rest and meal periods already provided to the employee. If the break time cannot run concurrently with rest and meal periods already provided to the employee, the break time will be unpaid, subject to applicable law.

The CMHPSM will make reasonable efforts to provide employees with the use of a room or location other than a toilet stall for the employee to express milk in private. This location may be the employee's private office, if applicable. The CMHPSM may not be able to provide additional break time if doing so would seriously disrupt the CMHPSM's operations, subject to applicable law. Please consult the Human Resources and Regional Coordinator if you have questions regarding this policy.

Employees should advise management if they need break time and an area for this purpose. Employees will not be discriminated against or retaliated against for exercising their rights under this policy.

3-7 Workers' Compensation

On-the-job injuries are covered by our Workers' Compensation Insurance Policy, which is provided at no cost. If employees are injured on the job, no matter how slightly, they should

report the incident immediately to their supervisor. Failure to follow CMHPSM procedures may affect the ability of the employee to receive Workers Compensation benefits.

This is solely a monetary benefit and not a leave of absence entitlement. Employees who need to miss work due to a workplace injury must also request a formal leave of absence. See the Leave of Absence sections of this handbook for more information.

3-8 Jury Duty

Community Mental Health Partnership of Southeast Michigan realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed time off to perform such civic service as required by law. Employees are expected, however, to provide proper notice of a request to perform jury duty and verification of their service.

Employees also are expected to keep management informed of the expected length of jury duty service and to report to work for the major portion of the day if excused by the court. If the required absence presents a serious conflict for management, employees may be asked to try to postpone jury duty.

Employees on jury duty leave will be paid for their jury duty service in accordance with state law; however, exempt employees will be paid their full salary for any week in which time is missed due to jury duty if work is performed for the CMHPSM during such week.

3-9 Bereavement Leave

Regular employees shall be granted bereavement leave with pay in the event of a death in the family*. Employees shall be granted three (3) days of paid leave in cases when death has occurred in the family. In cases of a death of immediate family (the employee's spouse, domestic partner, parent, sibling, children of the employee, daughter-in-law or son-in-law) an additional two (2) days of paid leave shall be granted to the employee.

An employee who wishes to take time off due to the death of a family member should notify their supervisor immediately. Bereavement leave will be granted unless there are unusual business needs or staffing requirements. The CMHPSM may require documented proof of an employee's relationship with the deceased.

The Chief Executive Officer may grant funeral leave to employees to attend the funeral of another CMHPSM or Regional employee.

*For purposes of this policy, family is defined as: mother-in-law, father-in-law, sister-in-law, brother-in-law, aunts, uncles, nieces, nephews, grandparents, spouse's grandparents, grandchildren, parents and grandparents of employee's minor children, or someone with whom the employee has a legal relationship or a related member in an employee's household and all such relatives of one's spouse.

3-10 Voting Leave

In the event an employee does not have sufficient time outside of working hours to vote in a statewide election, if required by state law, the employee may take off enough working time to vote. Such time will be paid if required by state law. This time should be taken at the beginning or end of the regular work schedule. Where possible, your supervisor should be notified at least two days prior to the voting day.

3-11 Insurance Programs

CMHPSM currently offers a flexible benefit program for all regular full-time employees. This program allows each employee to choose those benefits that best meet their individual needs. The program year for the plan January 1 through December 31 and is renewed on an annual basis. Please contact the CMHPSM Human Resources and Regional Coordinator for more information. All regular full-time CMHPSM employees are eligible for Medical, Dental and Vision insurance coverage while employed.

Medical Insurance

CMHPSM currently offers regular full-time employees a medical insurance coverage option as specified in plan documents. Employees have up to 30 days from their date of hire to make the medical plan election. Once made, the election is fixed for the remainder of the plan year.

All qualified changes in family status (births, marriages, etc.) which may affect coverage must be reported to the Human Resources and Regional Coordinator within thirty (30) days of the event. It is the responsibility of the employee to notify CMHPSM of all changes. Please contact the Human Resources and Regional Coordinator to determine if a family status change qualifies under the Plan document and IRS regulations.

The terms of the medical insurance policy control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

Dental and Vision Insurance

CMHPSM automatically enrolls regular full-time employees in dental and vision insurance coverage as specified in plan documents. Employees have up to 30 days from their date of hire to elect dental and vision coverage for a spouse and/or child(ren). Once made, the election is fixed for the remainder of the plan year.

All qualified changes in family status (births, marriages, etc.) which may affect coverage must be reported to the Human Resources and Regional Coordinator within thirty (30) days of the event. It is the responsibility of the employee to notify CMHPSM of all changes. Please contact the Human Resources and Regional Coordinator to determine if a family status change qualifies under the Plan document and IRS regulations.

The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control. For more information regarding benefits programs or who is eligible for coverage, please contact the Human Resources and Regional Coordinator.

Life and Accidental Death & Dismemberment Insurance

CMHPSM currently offers regular full-time employees an employer-paid basic group term life policy along with an accidental death and dismemberment policy. The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control. The Human Resources and Regional Coordinator is available to answer benefits plan questions and assist in enrollment as needed.

3-12 Short-Term and Long-Term Disability Benefits

Full-time employees are eligible to participate in the short-term and long-term disability plans, subject to all terms and conditions of the agreement between the CMHPSM and the insurance carrier.

This is solely a monetary benefit and not a leave of absence. Employees who will be out of work must also request a formal Leave of Absence. See the Leave of Absence sections of this handbook for more information.

Employees will be required to submit medical certification as requested by short-term or long-term disability insurance carrier and/or the CMHPSM. Required medical certification under this policy may differ from the medical certification required for any leave of absence requested.

3-13 Employee Assistance Program

The CMHPSM recognizes that a wide range of problems – such as marital or family distress, alcoholism, and drug abuse – not directly associated with an individual's job function can nonetheless be detrimental to an employee's performance on the job. Consequently, we believe it is in the interest of employees and the Company to provide an effective program to assist employees and their families in resolving problems such as these as the need arises. To this end, the Company provides an Employee Assistance Program (EAP) for employees and their eligible family members. The EAP is designed to provide voluntary, private, confidential, and professional counseling outside the workplace for any type of personal problem. The EAP provides consultation services for referrals to local community treatment

sources. All employees are eligible to use this program and are encouraged to do so. Employee visits to the EAP are held in confidence to the maximum possible extent.

Participation in the EAP does not excuse employees from otherwise complying with Company policies or from meeting normal job requirements during or after receiving assistance. Nor will participation in our employee assistance program prevent the Company from taking disciplinary action against any employee for performance problems that occur before, during, or after the employee seeks assistance through the program.

Further details can be obtained by referring to the EAP guide that is posted in the Documents section of the third-party HR system and also in the Benefit Resources section of the HUB Benefit Spot mobile app.

3-14 Retirement Plan

Eligible employees are strongly encouraged to participate in the CMHPSM's 401(a) defined contribution/457 deferred compensation retirement plan. The CMHPSM will match 100% of employee contributions up to 6% of employee gross salary. The CMHPSM will initially auto-enroll all eligible employees in the retirement plan at a 6% of gross salary contribution to the 457 plan, which earns the full 6% of gross salary match from the CMHPSM to the 401a plan. Employees have a right to opt out of their 457 plan contribution and have the ability to increase or decrease their individual contribution within any applicable IRS guidelines. Upon becoming eligible to participate in the retirement plan, an employee will be provided with communication about the retirement plan, the CMHPSM's contributions, vesting requirements, and an employee's right to opt-out of the retirement plan.

Employee Contribution to 457	Employer Match of Employee Contribution to 401a %
1%-86% of Employee Gross Salary	100%
Employee contributions beyond 86% of Employee Gross Salary earn no Employer match beyond 86%	0%

457 Employee Contribution (% of Employee Gross Salary)	+	401a Employer Contribution Example (% of Employee Gross Salary)	=	Total Employee and Employer Contribution (% of Employee Gross Salary)
0%	+	0%	=	0%
1%	+	1%	=	2%
2%	+	2%	=	4%
3%	+	3%	=	6%
4%	+	4%	=	8%

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5%	+	5%	=	10%
6%	+	6%	=	12%
<u>7%</u>	<u>+</u>	<u>7%</u>	<u>=</u>	<u>14%</u>
<u>8%</u>	<u>+</u>	<u>8%</u>	<u>=</u>	<u>16%</u>
<u>>86%</u>	<u>+</u>	Maximum employer contribution <u>68%</u> of employee gross salary.	<u>=</u>	Employee contribution + <u>68%</u>

- Employee contribution may not exceed IRS retirement plan maximum annual contribution limits. Contact the Human Resources and Regional Coordinator for current tax year information.

CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents shall supersede the language of this handbook.

Section 4 – Leaves of Absence

4-1 Personal Leave

If employees are ineligible for any other CMHPSM leave of absence, the Community Mental Health Partnership of Southeast Michigan, under certain circumstances, may grant a personal leave of absence without pay. A written request for a personal leave should be presented to management at least two (2) weeks before the anticipated start of the leave. If the leave is requested for medical reasons and employees are not eligible for leave under the federal Family and Medical Leave Act (FMLA) or any state leave law, medical certification also must be submitted. The request will be considered on the basis of staffing requirements and the reasons for the requested leave, as well as performance and attendance records. Normally, a leave of absence will be granted for a period of up to eight (8) weeks. However, a personal leave may be extended if, prior to the end of leave, employees submit a written request for an extension to management and the request is granted. We will continue health insurance coverage during the leave if employees submit their share of the monthly premium payments to the CMHPSM in a timely manner, subject to the terms of the plan documents.

When the employee anticipates returning to work, ~~he or she~~they should notify management of the expected return date. This notification should be made at least one week before the end of the leave.

Upon completion of the personal leave of absence, the CMHPSM will attempt to return employees to their original job or a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of availability to return to work, failure to return to work when notified or a continued absence from work beyond the time approved by the CMHPSM will be considered a voluntary resignation of employment.

Personal leave runs concurrently with any CMHPSM-provided Short-Term Disability Leave of Absence.

4-2 Military Leave

If employees are called into active military service or enlist in the uniformed services, they will be eligible to receive an unpaid military leave of absence. To be eligible for military leave, employees must provide management with advance notice of service obligations unless they are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable to provide such notice. Provided the absence does not exceed applicable statutory limitations, employees will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws. Employees should ask management for further information about eligibility for Military Leave.

If employees are required to attend yearly Reserves or National Guard duty, they can apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). They should give management as much advance notice of their need for military leave as possible so that we can maintain proper coverage while employees are away.

Section 5 – General Standards of Conduct

5-1 Workplace Conduct

Community Mental Health Partnership of Southeast Michigan endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense, and fair play.

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the CMHPSM's sole discretion. The following are examples of some, but not all, conduct which can be considered unacceptable:

1. Obtaining employment on the basis of false or misleading information.
2. Stealing, removing, or defacing Community Mental Health Partnership of Southeast Michigan property or a co-worker's property, and/or disclosure of confidential information.
3. Completing another employee's time records.
4. Violation of safety rules and policies.
5. Violation of Community Mental Health Partnership of Southeast Michigan's Drug and Alcohol-Free Workplace Policy.
6. Fighting, threatening, or disrupting the work of others or other violations of Community Mental Health Partnership of Southeast Michigan's Workplace Violence Policy.
7. Failure to follow lawful instructions of a supervisor.
8. Failure to perform assigned job duties.

9. Violation of the Punctuality and Attendance Policy, including but not limited to irregular attendance, habitual lateness, or unexcused absences.
10. Gambling on CMHPSM property.
11. Willful or careless destruction or damage to CMHPSM assets or to the equipment or possessions of another employee.
12. Wasting work materials.
13. Performing work of a personal nature during working time.
14. Violation of the Solicitation and Distribution Policy.
15. Violation of Community Mental Health Partnership of Southeast Michigan's Harassment or Equal Employment Opportunity Policies.
16. Violation of the Communication and Computer Systems Policy.
17. Unsatisfactory job performance.
18. Any other violation of Company policy.

Progressive Discipline Process:

- First Occurrence: ~~Level 1 Verbal~~ warning and notation in personnel file
Second Occurrence: ~~Level 2 Written~~ warning, included in personnel file
Third Occurrence: ~~Level 3 warning, may include a t~~hree-day unpaid suspension & final written warning, included in personnel file
Fourth Occurrence: Subjected to termination of employment

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

1. Possession of firearms or other weapons on office premises
2. Unauthorized possession, use or distribution of drugs or controlled substances
3. Theft or attempted theft
4. Gross neglect of duties
5. Insubordination or refusal to follow instructions
6. Falsification of records

Obviously, not every type of misconduct can be listed. Note that all employees are employed at-will, and the Community Mental Health Partnership of Southeast Michigan reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The CMHPSM will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. However, Community Mental Health Partnership of Southeast Michigan will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work.

5-2 Open Communication

CMHPSM is committed to creating the best work environment – a place where everyone's voice is heard, where issues are promptly raised and resolved, and where communication flows across all levels of the organization. Openness is essential to quickly resolve concerns,

to recognize business issues as they arise, and to address the changing needs of our diverse workforce.

The essence of the CMHPSM's Open Communication Policy is open communication in an environment of trust and mutual respect that creates a solid foundation for collaboration, growth, high performance, and success across CMHPSM and its partner agencies.

It provides for a work environment where:

- Open, honest, appropriate, professional communication between employees and managers is a day-to-day business practice
- Employees may seek counsel, provide, or solicit feedback, or raise concerns within the organization
- Managers hold the responsibility for creating a work environment where employees' professional and constructive input is welcome, advice is freely given, and issues are surfaced early and are candidly shared without the fear of retaliation when this input is shared in good faith

The CMHPSM encourages employees to discuss any issues they may have with a coworker or supervisor directly with that person in an appropriate manner. If a resolution is not reached, employees should arrange a meeting with their supervisor. If the concern, problem, or issue is not properly addressed, employees should contact the Human Resources and Regional Coordinator. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable.

The CMHPSM seeks to deal openly and directly with its employees and believes that communication between employees and management is critical to solving problems. Coworkers that may have a problem with one another should attempt to resolve the problem themselves. If a resolution cannot be agreed upon, both employees should approach the CEO, who will work with the employees to determine a resolution. In these instances, the decision of the CEO is final. Employees that have a problem with the CEO should address the concern directly with the CEO.

If you have a question or wish to discuss a possible violation, you should first discuss it with your supervisor. If you are not comfortable with that approach for any reason, or if no action is taken, please contact the Human Resources and Regional Coordinator.

5-3 Punctuality and Attendance

Employees are hired to perform important functions at the Community Mental Health Partnership of Southeast Michigan. As with any group effort, operating effectively takes cooperation and commitment from everyone. Therefore, attendance and punctuality are especially important. Unnecessary absences and lateness are expensive, disruptive and place an unfair burden on fellow employees and Supervisors. We expect excellent attendance from all employees. Excessive absenteeism or tardiness will result in disciplinary action up to and including discharge.

We do recognize, however, there are times when absences and tardiness cannot be avoided. In such cases, employees are expected to notify Supervisors as early as possible, but no later than the start of the workday. Asking another employee, friend or relative to give this notice is improper and constitutes grounds for disciplinary action. Employees should contact their supervisor, stating the nature of their illness or situation and its expected duration, for every day of absenteeism.

Unreported absences of three (3) consecutive workdays generally will be considered a voluntary resignation of employment with the CMHPSM.

5-4 Use of Communications and Computer Systems

The Community Mental Health Partnership of Southeast Michigan's communication and computer systems are intended primarily for business purposes; however limited personal usage is permitted if it does not hinder performance of job duties or violate any other CMHPSM policy. This includes voicemail, e-mail, and Internet systems. Users have no legitimate expectation of privacy regarding their use of the Community Mental Health Partnership of Southeast Michigan systems.

The Community Mental Health Partnership of Southeast Michigan may access the voice mail and e-mail systems and obtain the communications within the systems, including past voice mail and e-mail messages, without notice to users of the system, in the ordinary course of business when the CMHPSM deems it appropriate to do so. The reasons for which the CMHPSM may obtain such access include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that CMHPSM operations continue appropriately during an employee's absence.

Further, the Community Mental Health Partnership of Southeast Michigan may review Internet usage to ensure that such use with CMHPSM property, or communications sent via the Internet with CMHPSM property, are appropriate. The reasons for which the CMHPSM may review employees' use of the Internet with CMHPSM property include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that CMHPSM operations continue appropriately during an employee's absence.

The CMHPSM will store, archive, and delete electronic communications according to information retention policies.

The CMHPSM's policies prohibiting harassment, in their entirety, apply to the use of CMHPSM's communication and computer systems. No one may use any communication or computer system in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs, or any other characteristic protected by federal, state, or local law.

Further, since the CMHPSM's communication and computer systems are intended for business use, all employees, upon request, must inform management of any privileged access codes or passwords.

Unauthorized duplication of copyrighted computer software violates the law and is strictly prohibited.

No employee may access, or attempt to obtain access to, another employee's computer systems without appropriate authorization.

Violators of this policy may be subject to disciplinary action, up to and including discharge.

5-5 Use of Social Media

The Community Mental Health Partnership of Southeast Michigan respects the right of any employee to maintain a blog or web page or to participate in a social networking, including but not limited to Twitter, Instagram, SnapChat, TikTok, Facebook and LinkedIn. However, to protect the CMHPSM interests and ensure employees focus on their job duties, employees must adhere to the following rules:

Employees may not post on a blog or web page or participate on a social networking platform, such as Twitter, Instagram, SnapChat, Facebook, LinkedIn, or comparable sites, during work time or at any time with CMHPSM equipment or property.

All rules regarding confidential and proprietary business information apply in full to blogs, web pages and social networking platforms, such as X (formerly known as Twitter), Instagram, SnapChat, TikTok, Facebook, LinkedIn, or comparable sites. Any information that cannot be disclosed through a conversation, a note or an e-mail also cannot be disclosed in a blog, web page or social networking site.

Whether an employee is posting something on his or her own blog, web page, social networking, X, Instagram, SnapChat, TikTok, Facebook, LinkedIn or similar site or on someone else's account, if the employee mentions the CMHPSM and also expresses either a political opinion or an opinion regarding the CMHPSM's actions that could pose an actual or potential conflict of interest with the CMHPSM, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is his/her personal opinion and not the CMHPSM's position. This is necessary to preserve the CMHPSM's goodwill in the marketplace.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, web page, social networking, Twitter, or similar site. For example, posted material that is discriminatory, obscene, defamatory, libelous, or violent is forbidden. CMHPSM policies apply equally to employee social media usage.

The Community Mental Health Partnership of Southeast Michigan encourages all employees to keep in mind the speed and manner in which information posted on a blog, web page, and/or social networking site is received and often misunderstood by readers. Employees must use their best judgment. Employees with any questions should review the guidelines above

and/or consult with their manager. Failure to follow these guidelines may result in discipline, up to and including discharge.

5-6 Personal and Company-Provided Portable Communication Devices

CMHPSM-provided portable communication devices (PCDs), including cell phones and laptops, should be used primarily for business purposes. Employees have no reasonable expectation of privacy in regard to the use of such devices, and all use is subject to monitoring, to the maximum extent permitted by applicable law. This includes, as permitted, the right to monitor personal communications, as necessary.

Some employees may be authorized to use their own PCD for business purposes. These employees should work with the IT department to configure their PCD for business use. Communications sent via a personal PCD also may subject to monitoring if sent through the CMHPSM's networks and the PCD must be provided for inspection and review upon request.

All conversations, text messages and e-mails must be professional. When sending a text message or using a PCD for business purposes, whether it is a CMHPSM-provided or personal device, employees must comply with applicable CMHPSM guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use and operation of vehicles. Using a CMHPSM-issued PCD to send or receive personal text messages is prohibited at all times and personal use during working hours should be limited to emergency situations.

If an employee who uses a personal PCD for business resigns or is discharged, the employee will be required to submit the device to the IT department for resetting on or before his or her last day of work. At that time, the IT department will reset and remove all information from the device, including but not limited to, CMHPSM information and personal data (such as contacts, e-mails, and photographs). The IT department will make efforts to provide employees with the personal data in another form (e.g., on a disk) to the extent practicable; however, the employee may lose some or all personal data saved on the device.

Employees may not use their personal PCD for business unless they agree to submit the device to the IT department on or before their last day of work for resetting and removal of CMHPSM information. This is the only way currently possible to ensure that all CMHPSM information is removed from the device at the time of termination. The removal of CMHPSM information is crucial to ensure compliance with the CMHPSM's confidentiality and proprietary information policies and objectives.

Please note that whether employees use their personal PCD or a CMHPSM-issued device, the CMHPSM's electronic communications policies, including but not limited to, proper use of communications and computer systems, remain in effect. Michigan's Freedom of Information Act (FOIA) applies to all work-related conversations whether they occur on a personal or CMHPSM issued communication device. Employees shall not attempt to evade FOIA requirements by utilizing non-CMHPSM communication devices or services.

Portable Communication Device Use While Driving

Employees who drive on CMHPSM business must abide by all state or local laws prohibiting or limiting PCD (cell phone or personal digital assistant) use while driving. Further, even if usage is permitted, employees may choose to refrain from using any PCD while driving. “Use” includes, but is not limited to, talking, or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that ~~he/she/they~~ is-are unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and e-mailing while driving are prohibited in all circumstances.

5-7 Inspections

Community Mental Health Partnership of Southeast Michigan reserves the right to require employees while on CMHPSM property, or on client property, to agree to the inspection of their persons, personal possessions and property, personal vehicles parked on CMHPSM or client property, and work areas. This includes lockers, vehicles, desks, cabinets, workstations, packages, handbags, briefcases and other personal possessions or places of concealment, as well as personal mail sent to the CMHPSM or to its clients. Employees are expected to cooperate in the conduct of any search or inspection.

5-8 Smoking

No use of tobacco or smoking, including the use of e-cigarettes, will be allowed anywhere in any CMHPSM building or property. CMHPSM is a tobacco-free and smoke-free workplace for the health, safety, and well-being of all of its employees and visitors. The tobacco-free workplace policy applies to:

- All employees, temporary employees, and student interns.
- All visitors (e.g., consumers or vendors) to the company premises.
- All contractors and consultants and/or their employees working on the company premises.
- All areas of CMHPSM buildings and adjacent parking areas.
- All CMHPSM-sponsored off-site conferences and meetings.

Employees who violate this policy will be subject to disciplinary action up to and including immediate discharge.

5-9 Personal Mail

Personal mail should not be addressed to CMHPSM addresses. You may not use CMHPSM postage or other CMHPSM property for personal business.

5-10 Personal Visits and Telephone Calls

Disruptions during work time can lead to errors and delays. Therefore, we ask that personal telephone calls be kept to a minimum, and only be made or received after working time, or during lunch or break time.

Friends, relatives, and children of employees are not allowed in the working areas without signing in. All visitors will be escorted through the offices once notified of a visitor's arrival. It will be your responsibility to ensure the confidentiality of business and consumer information in accordance with the confidentiality policy.

5-11 Solicitation and Distribution

To avoid distractions, solicitation by an employee of another employee is prohibited while either employee is on work time. "Work time" is defined as the time an employee is engaged, or should be engaged, in performing his/her work tasks for Community Mental Health Partnership of Southeast Michigan. Solicitation of any kind by non-employees on CMHPSM premises is always prohibited.

Distribution of advertising material, handbills, printed or written literature of any kind in working areas of the CMHPSM is always prohibited. Distribution of literature by non-employees on CMHPSM premises is always prohibited.

5-12 Confidential Company Information

During the course of work, an employee may become aware of confidential information about the Community Mental Health Partnership of Southeast Michigan's business, including but not limited to information regarding CMHPSM finances, pricing, products and new product development, software and computer programs, marketing strategies, suppliers and customers and potential customers. An employee also may become aware of similar confidential information belonging to the CMHPSM's clients. It is extremely important that all such information remain confidential, and particularly not be disclosed to our competitors. Any employee who improperly copies, removes (whether physically or electronically), uses, or discloses confidential information to anyone outside of the CMHPSM may be subject to disciplinary action up to and including termination. Employees may be required to sign an agreement reiterating these obligations.

5-13 Conflict of Interest and Business Ethics

It is the Community Mental Health Partnership of Southeast Michigan's policy that all employees avoid any conflict between their personal interests and those of the CMHPSM. The purpose of this policy is to ensure that the CMHPSM's honesty and integrity, and therefore its reputation, are not compromised. The fundamental principle guiding this policy is that no employee should have, or appear to have, personal interests or relationships that actually or potentially conflict with the best interests of the CMHPSM.

It is not possible to give an exhaustive list of situations that might involve violations of this policy. However, the situations that would constitute a conflict in most cases include but are not limited to:

1. holding an interest in or accepting free or discounted goods from any organization that does, or is seeking to do, business with the CMHPSM, by any employee who is in a position to directly or indirectly influence either the CMHPSM's decision to do business, or the terms upon which business would be done with such organization;
2. holding any interest in an organization that competes with the CMHPSM;
3. being employed by (including as a consultant) or serving on the board of any organization which does, or is seeking to do, business with the CMHPSM or which competes with the CMHPSM; and/or
4. profiting personally, e.g., through commissions, loans, expense reimbursements or other payments, from any organization seeking to do business with the CMHPSM.

A conflict of interest would also exist when a member of an employee's immediate family is involved in situations such as those above.

This policy is not intended to prohibit the acceptance of modest courtesies, openly given, and accepted as part of the usual business amenities, for example, occasional business-related meals or promotional items of nominal or minor value. It is your responsibility to report any actual or potential conflict that may exist between you (and your immediate family) and the CMHPSM. See the CMHPSM Conflict of Interest policy for more details.

5-14 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~~they 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.

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 CMHPSM 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. CMHPSM Board and employees are not permitted to use agency funds or resources to contribute to political campaigns or activities of any political party.

5-15 Outside Employment

While we hope that employment with the CMHPSM is fully rewarding to you and it is generally discouraged to have outside employment, 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 your responsibilities to the CMHPSM.

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

- Not compete with, conflict with or compromise CMHPSM interests or adversely affect job performance and the ability to fulfill all job responsibilities.
- Nor perform any services for customers that are normally performed by CMHPSM.
- Not use any CMHPSM facilities, supplies, files, or equipment including the unauthorized use or application of any confidential information.
- Not solicit or conduct any outside business during paid working time nor use CMHPSM facilities or staff as a source of referral for private customers or clients,
- Not use the name of the CMHPSM as a reference or credential in advertising or soliciting customers or clients.
- Maintain a clear separation of outside or supplemental employment from activities performed for CMHPSM, and
- 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. CMHPSM shall not be liable, either directly or indirectly for any activities performed during outside or supplemental employment.

You are cautioned to carefully consider the demands that additional work activity will create before accepting outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel or refusal to work overtime or different hours. If CMHPSM determines that an employee's outside work interferes with performance, the employee may be asked to terminate the outside employment.

5-16 Use of Facilities, Equipment and Property, Including Intellectual Property

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines.

Employees should notify their supervisor if any equipment, machines, or tools appear to be damaged, defective, or in need of repair. Prompt reporting of loss, damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The Supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment used on the job.

Employees also are prohibited from any unauthorized use of the CMHPSM's intellectual property, such as audio and video tapes, print materials and software. A CMHPSM employee who creates intellectual property in the normal course of their duties cannot claim to own that intellectual property.

Improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in discipline, up to and including discharge.

Further, the CMHPSM is not responsible for any damage to employees' personal belongings unless the employee's Supervisor provided advance approval for the employee to bring the personal property to work.

5-17 Building Access and Sign-in Procedures

CMHPSM suite doors will be locked at all times outside the hours of 8:30 AM to 4:30 PM Monday through Friday on days the CMHPSM is open to business. Your CMHPSM key fob should be used to enter the CMHPSM office within our office building. Employees are prohibited from loaning or providing the key fob to another employee or individual. If your key fob is lost, you must notify the CMHPSM CIO immediately for security purposes and to obtain a replacement fob. The exterior office building doors are open Monday through Friday during extended working hours that are controlled by the property owner. Property Owner-issued key cards have been provided to the CMHPSM solely for employees use outside of those hours. Employees may request a key card for the exterior doors if they need to frequently access the building outside of extended work hours Monday through Friday. Employees may also temporarily check out exterior door key cards when access to the office building is only needed infrequently.

For safety and security reasons it is important to ~~assure~~ensure an accurate account of all building occupants at any given time. You must sign-in/out upon entering/exiting the building at the beginning/end of your shift, for lunch breaks, or any other break where you leave the building.

5-18 Health and Safety

The health and safety of employees and others on CMHPSM property are of critical concern to CMHPSM. CMHPSM intends to comply with all health and safety laws applicable to our business. It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state, and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a consumer.

All employees must report unsafe conditions to their supervisors. CMHPSM follows the guidelines established by the Michigan Occupational Safety and Health Administration (MIOSHA) to ensure the safety and well-being of all CMHPSM employees.

CMHPSM also follows procedures to comply with requirements of the Michigan “Right-To-Know” Law as it relates to CMHPSM operations including labeling of hazardous materials, procurement, and proper placement of Material Safety Data Sheets (MSDS), development of a written Hazardous Communication Program, maintaining a chemical inventory and training of employees. The MSDS may be reviewed by employees and is available in the main kitchen area.

Any workplace injury, accident or illness must be reported to your supervisor as soon as possible, regardless of the severity of the injury or accident. Any employee involved in a work-related accident or injury must (1) report that accident or injury to his/her immediate supervisor as soon as possible (ideally within 24 hours) after the injury and (2) fill out the proper reporting forms, i.e. Employee’s Report of Injury. Failure to properly report an injury may disqualify an employee for benefits. It is the employee’s responsibility to immediately notify their immediate supervisor or in the absence of the immediate supervisor, the next available supervisor of any injuries sustained while on the job. An employee who completes an accident report claiming their injury or illness is work related may be sent to a CMHPSM doctor or a prior approved medical facility or doctor.

Emergency Response Plan

The Emergency Response Plan is updated annually by the Leadership Team. This plan outlines procedures for responding to situations including fire, tornado warnings, severe thunderstorm warnings, disruptive persons, safe rooms, and first aid. The Emergency Response Plan is located on the CMHPSM shared drive. Quick reference guides are posted throughout the office to be readily available and easy to use in case of emergency. Safety training is provided to new employees at orientation and to all employees annually.

Inclement Weather or Other Emergency Closure

On occasion it may be necessary to delay the start of a workday, or close CMHPSM for an entire day, due to inclement weather or another emergency. The Chief Executive Officer makes the determination, notifies the Leadership Team, and a fan-out communication list is used to notify staff prior to working hours of any CMHPSM closures and procedures to follow in the event of inclement weather or other emergency. Emergency closing information may also be relayed to all CMHPSM staff through an all-staff email, a Teams message, or some other electronic communication. It is your responsibility to ensure that your contact information has been updated with your supervisor.

5-19 Hiring Relatives/Employee Relationships

A familial relationship among employees can create an actual or at least a potential conflict of interest in the employment setting, especially where one relative supervises another relative. To avoid this problem, the Community Mental Health Partnership of Southeast Michigan may refuse to hire or place a relative in a position where the potential for favoritism or conflict exists.

In other cases, such as personal relationships where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by

reassignment or discharged from employment, at the discretion of the CMHPSM. Accordingly, all parties to any type of intimate personal relationship must inform management.

If two employees marry, become related, or enter into an intimate relationship, they may not remain in a reporting relationship or in positions where one individual may affect the compensation or other terms or conditions of employment of the other individual. The CMHPSM generally will attempt to identify other available positions, but if no alternate position is available, the CMHPSM retains the right to decide which employee will remain with the CMHPSM.

For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

5-20 Employee Dress and Personal Appearance

You are expected to report to work well-groomed, clean, and dressed according to the requirements of your position. Some employees may be required to wear uniforms or safety equipment/clothing. Please contact your supervisor for specific information regarding acceptable attire for your position. If you report to work dressed or groomed inappropriately, you may be prevented from working until you return to work well-groomed and wearing the proper attire.

5-21 Publicity/Statements to the Media

All media inquiries regarding the position of the CMHPSM as to any issues must be referred to the CEO. Only the CEO is authorized to make or approve public statements on behalf of the CMHPSM. No employees, unless specifically designated by the CEO, are authorized to make those statements on behalf of CMHPSM. Any employee wishing to write and/or publish an article, paper, or other publication on behalf of the CMHPSM must first obtain approval from the CEO.

5-22 Operation of Vehicles

All employees authorized to drive CMHPSM-owned or leased vehicles or personal vehicles in conducting CMHPSM business must possess a current, valid driver's license and an acceptable driving record. Any change in license status or driving record must be reported to management immediately.

An employee must have a valid driver's license in his or her possession while operating a vehicle off or on CMHPSM property. It is the responsibility of every employee to drive safely and obey all traffic, vehicle safety, and parking laws or regulations. Drivers must always demonstrate safe driving habits.

CMHPSM-owned or leased vehicles may be used only as authorized by management.

Portable Communication Device Use While Driving

CMHPSM prohibits the use of portable communication devices while driving. Please refer to Section 5 – General Standards of Conduct, Subsection 5-6: Personal and Company-Provided Portable Communication Devices, for additional information.

~~Employees who drive on CMHPSM business must abide by all state or local laws prohibiting or limiting portable communication device (PCD) use, including cell phones or personal digital assistants, while driving. Further, even if use is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking, or listening to another person or sending an electronic or text message via the PCD.~~

~~Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands free option and advise the caller that he/she is unable to speak at that time and will return the call shortly.~~

~~Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.~~

~~Since this policy does not require any employee to use a PCD while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.~~

~~Texting and e-mailing while driving is prohibited in all circumstances.~~

5-23 Business Expense Reimbursement

Expenses for Conferences and Travel

Employees will be reimbursed for reasonable expenses incurred in connection with approved travel on behalf of CMHPSM.

Employees seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid the appearance of impropriety. If a circumstance arises that is not specifically covered in the travel policies, the most conservative course of action should be adopted.

Requests for reimbursement of mileage for travel between work sites and other sites for meetings, training or provider monitoring will be reimbursed at the Internal Revenue Service approved travel rate.

Travel must be authorized in advance. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Expenses may include air travel, hotels, motels, meals, cab fare, rental vehicles, or gas and car mileage for personal vehicles. You should contact your supervisor in advance if you have any question about whether an expense will be reimbursed.

Upon completion of the trip, and within 30 days, the traveler must submit a Business Expense Reimbursement Form and supporting documentation to obtain reimbursement of expenses. Documentation is required for all expenses. Any expenses incurred during the conference that are not covered under the pre-registration process, must have supporting receipts submitted within two (2) business days of returning from the pre-approved conference.

Exempt employees will be paid their regular salary for weeks in which they travel.

See the CMHPSM [Business Expense Reimbursement Employee Travel](#) policy or contact the CMHPSM Human Resources and Regional Coordinator for more details.

5-24 References

Community Mental Health Partnership of Southeast Michigan will respond to reference requests through the Human Resources and Regional Coordinator. The CMHPSM will provide general information concerning the employee such as date of hire, date of discharge, and positions held. Requests for reference information must be in writing, and responses will be in writing. Please refer all requests for references to the Human Resources and Regional Coordinator.

Only the Human Resources and Regional Coordinator may provide references on behalf of the CMHPSM related to external inquiries.

5-25 Employee Separation

Termination

CMHPSM 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. If an employee is terminated, ~~he or she~~they is~~are~~ not entitled to accrued PTO days, unless required by law.

Job Abandonment

If an employee is absent for more than three (3) consecutive days, without notifying the CEO, the employee may be considered to have voluntarily abandoned employment with CMHPSM. 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~~they is~~are~~ not entitled to accrued PTO days, unless required by law.

Resignation

Version: 9/1~~3~~/2024~~3~~

43

Should an employee decide to leave the CMHPSM, we ask that ~~he or she~~they provide a supervisor with at least two (2) weeks advance notice of departure. The CMHPSM asks that individuals in leadership positions provide four (4) weeks advance notice of departure. Thoughtfulness around advance notice is appreciated. All CMHPSM property including, but not limited to, keys, security cards, parking passes, laptop computers, fax machines, uniforms, etc., must be returned at separation. Employees also must return any and all of CMHPSM Confidential Information upon separation. To the extent permitted by law, employees will be required to repay the CMHPSM (through payroll deduction, if lawful) for any lost or damaged CMHPSM property. As noted previously, all employees are employed at-will and nothing in this handbook changes that status.

To provide flexibility for CMHPSM employees, the CMHPSM funds all paid time off allocations on the first day of each calendar year with the assumption that employees will remain employed with the CMHPSM for the full year. Employees **in good standing and** with at least one year of service separating from the CMHPSM will be entitled to a cash payout of their accrued paid time off on a quarterly basis with the following limitations:

1. Employees voluntarily separating from employment during the first quarter of the calendar year shall be entitled to a payout of PTO hours up to 25% of their annual PTO allocation, deducting any PTO hours used during that quarter. Employees separating during the second quarter of a calendar year shall be entitled to a payout of up to 50% of unused allocation, third quarter of calendar year up to 75% of unused allocation or fourth quarter of calendar year up to 100% of unused allocation.

Employee Voluntary Separation Date	Percentage of Annual Unused PTO Allocation eligible for Payout
Calendar Year Quarter 1 (Jan 1 – Mar 31)	25%
Calendar Year Quarter 2 (Apr 1– Jun 30)	50%
Calendar Year Quarter 3 (Jul 1 – Sep 30)	75%
Calendar Year Quarter 4 (Oct 1 – Dec 31)	100%

Example A: an employee separating voluntarily during calendar year quarter 2, with an annual PTO accrual of 21 days or 168 hours, that utilized 40 hours of PTO of current year PTO, would be eligible for 44 hours of PTO pay out, which is calculated by subtracting the current year utilized hours (40) from the maximum (50%) payout (84 hours).

Example B: an employee separating voluntarily during calendar year quarter 4, with an annual PTO accrual of 18 days or 144 hours, that utilized 64 hours of current year PTO during the year, would be eligible for 80 hours of PTO pay out, which is calculated by subtracting the current year utilized hours (64) from the maximum (100%) payout (144 hours).

2. Accrued PTO ~~hoursleave~~ from a prior year or PTO ~~hoursleave~~ donated from another employee to the employee separating is not eligible for CMHPSM payout. Float holidays are not PTO and thus not eligible for employee separation PTO payouts.
3. All PTO payouts must be approved by the CMHPSM CEO, and the employee must meet all employee separation requirements; including but not limited to advance notice, return of all CMHPSM equipment (laptop, phone, key fob / key card), work product, or any other CMHPSM property.

Termination of Benefits and COBRA

All regular full-time employees are eligible for Medical, Dental and Vision insurance coverage while employed at the CMHPSM. All insurance programs cease on the last day of employment with the CMHPSM. Employees separating from the CMHPSM should contact the CMHPSM Human Resources and Regional Coordinator related to Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of health coverage options.

5-26 Exit Interviews

All employees who are separating from employment will have the option to participate in an exit interview with the Human Resources and Regional Coordinator or the CEO.

Section 6 - Michigan Addendum

6-1 Working Hours and Schedule

Community Mental Health Partnership of Southeast Michigan normally is open for business from 8:30 am to 5:00 pm, Monday through Friday. The employee will be assigned a work schedule and will be expected to begin and end work according to the schedule. To accommodate the needs of our business, at some point we may need to change individual work schedules on either a short-term or long-term basis.

Employees will be provided meal and rest periods as required by law. However, Michigan does not require meal or rest periods for adult employees.

6-2 Your Paycheck

The employee will be paid bi-weekly for all the time worked during the past pay period. Payroll stubs itemize deductions made from gross earnings. By law, the CMHPSM is required to make deductions for Social Security, federal income tax and any other appropriate taxes. These required deductions also may include any court-ordered garnishments. Payroll stubs also will differentiate between regular pay received and overtime pay received.

If there is an error in an employee's pay, bring the matter to the attention of [the Human Resources and Regional Coordinator](#) immediately so the CMHPSM can resolve the matter promptly and amicably.

Paychecks will be given only to the employee, unless ~~he or she~~[they](#) requests that they be mailed, or authorize in writing another person to accept the check.

6-3 Social Security Number Privacy Act

It is the policy of Community Mental Health Partnership of Southeast Michigan to ensure to the extent practicable the confidentiality of employees' Social Security Numbers in accordance with Michigan law.

The CMHPSM will not intentionally do any of the following acts which result in a prohibited disclosure of employees' Social Security Numbers. Violation of this policy will result in discipline up to and including discharge of the employee.

1. Publicly display more than four (4) sequential digits of a Social Security Number
2. Use more than four (4) sequential digits of a Social Security Number as a primary account number or use more than 4 sequential digits of a Social Security Number on any identification badge or card, membership card, permit or license, except where permitted by law.
3. Require employees to use or transmit more than four (4) sequential digits of their Social Security Numbers over the internet or on a computer system or network or to gain access to the internet, computer system or network unless the connection is secure, or the transmission is encrypted. Similarly, the Company will not require employees to use or transmit more than 4 sequential digits of their Social Security Numbers to gain access to the internet or a computer system unless the connection is secure, the transmission is encrypted, or a password or other unique personal identification or authentication device is also required.
4. Include more than four (4) sequential digits of Social Security Numbers on the outsides of envelopes or packages or visible internal areas.
5. Include more than four (4) sequential digits of Social Security Numbers in documents or information mailed to individuals, except as permitted by law.

The Company limits access to Social Security Numbers to those employees and outside consultants whose job duties require that they use this information in connection with Company business. The employees and individuals who have access to Social Security Numbers are those who work in the following areas:

- Administration (CEO and Human Resources and Regional Coordinator only)
- Finance Department
- Individuals who though not employed by the Company provide legal, tax, benefits, management, or other consulting services for the Company

The CMHPSM will properly dispose of documents containing Social Security Numbers by ensuring that all such materials are shredded or otherwise destroyed prior to discarding such information. Data stored in electronic format will be rendered irretrievable before computers are discarded or destroyed.

6-4 Victims of Crime Leave

An employee who is a victim or victim's representative, called to serve as a witness in a judicial proceeding, must notify his/her supervisor as soon as possible.

Employees will not be compensated for time away from work to participate in a court case but may use available vacation and personal time to cover the period of absence.

Employees testifying as the victim or representative of a victim in a judicial proceeding will not be disciplined for their absence.

6-5 A Few Closing Words

This handbook is intended to give employees a broad summary of things they should know about Community Mental Health Partnership of Southeast Michigan. The information in this handbook is general in nature and, should questions arise, any member of management should be consulted for complete details. While we intend to continue the policies, rules and benefits described in this handbook, Community Mental Health Partnership of Southeast Michigan, in its sole discretion, may always amend, add to, delete from, or modify the provisions of this handbook and/or change its interpretation of any provision set forth in this handbook. Employees should not hesitate to speak to management if they have any questions about the CMHPSM or its personnel policies and practices.

General Handbook Acknowledgment

This Employee handbook is an important document intended to help you become acquainted with Community Mental Health Partnership of Southeast Michigan. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the CMHPSM's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee handbook.

I have received and read a copy of Community Mental Health Partnership of Southeast Michigan's Employee handbook. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the CMHPSM at any time.

I further understand that my employment is terminable at will, either by myself or the CMHPSM, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of Community Mental Health Partnership of Southeast Michigan other than the CEO may alter "at will" status and any such modification must be in a signed writing.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the CMHPSM's Employee handbook.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.

Receipt of Sexual Harassment Policy

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit harassment of any employee by any Supervisor, employee, customer, or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the CMHPSM. It is to ensure that at the CMHPSM all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment and there is a wide range of behavior that may violate this policy even if such behavior does not violate the law, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

Reporting Sexual Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator or our third-party HR partner.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If you feel you have been subjected to any such retaliation, report it in the same manner you would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Community Mental Health Partnership of Southeast Michigan's Sexual Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

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Receipt of Non-Harassment Policy

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

Reporting Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator or our third-party HR partner.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy.

If an employee feels ~~he or she~~they ~~has~~have been subjected to any such retaliation, ~~he or she~~they should report it in the same manner in which the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Community Mental Health Partnership of Southeast Michigan's Non-Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

Version: 9/1~~3~~/2024~~3~~

52



Regional Board Action Request- CMHPSM Employee Handbook Annual Review

Board Meeting Date: September 11, 2024

Action Requested: Approve the CMHPSM employee handbook with the included revisions.

Background: The CMHPSM Board has directed staff to bring forth the CMHPSM Employee Handbook at least annually for CMHPSM Board review and approval. All changes are identified in tracked changes format within the document provided. Notable changes are identified below:

- No substantial changes
- Updated and cleaned up formatting and document structure

Connection to PIHP/MDHHS Contract, Regional Strategic Plan or Shared Governance Model:

The CMHPSM employee handbook is a key source of information for CMHPSM employees related to their benefits and expectations as we work together to meet the requirements of our MDHHS contract and the region's strategic plan.

Recommend: Recommend Approval with the included changes

Oversight Policy Board Minutes

August 22, 2024

Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI 48108

Members Present for In-Person Quorum: Mark Cochran, Jamie Dean, Annette Gontarski, Molly Welch Marahar, Dave Oblak, Dave O'Dell, David Stimpson, Monique Uzelac, Tom Waldecker

Members Not Present For In-Person Quorum: Amy Fullerton, Ricky Jefferson, Matthew Literski, Frank Sample, Ralph Tillotson

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, James Luckey, Michelle Sucharski, CJ Witherow, Danielle Brunk, Joelen Kersten, Jane Goerge, Kate Aulette (Livingston), Connie Conklin (Livingston), Diane Heinlein (Livingston), Jackie Bradley (Lenawee)

Guests Present: None

Board Vice-Chair M. Cochran called the meeting to order at 9:36 a.m.

1. Introductions
2. Approval of the Agenda
Motion by M. Welch Marahar, supported by J. Dean, to approve the agenda
Motion passed
3. Approval of the April 25, 2024 Oversight Policy Board minutes
Motion by D. O'Dell, supported by M. Welch Marahar, to approve the April 25, 2024 OPB minutes
Motion passed
4. Audience Participation
None
5. Special Election
 - a. Chairperson (to finish FY2024)
Volunteer: Annette Gontarski
Motion by M. Welch Marahar, supported by J. Dean, to appoint A. Gontarski to the OPB Chairperson position for the duration of FY2024
Motion passed
 - A. Gontarski chaired the meeting from this point forward.
6. Old Business
 - a. Finance Report
 - M. Berg presented.
 - M. Welch Marahar requested a column indicating additional PA2 revenue/expenditures in future reports.

- M. Welch Marahar noted that Livingston underspent, but there are Livingston residents receiving services in Washtenaw because the services are not always available in Livingston County. She would like to see some of Livingston's PA2 spent on SUD services that are needed in Livingston.
- b. Funding Forecast
- M. Berg presented.
 - Grant funding that will soon end: ARPA will no longer be available as of FY2026; SOR4 is confirmed through FY2026 and will likely go through FY27 or longer but is not confirmed. Current programs will be affected by this loss in stable funding.
 - OPB noted there are no residential services in Livingston.
 - Staff noted there is potentially additional minimal funding available for some services for FY24, but the availability of treatment and prevention services are lacking.
 - Re: Grant vs. PA2 spending, J. Colaianne noted that Livingston has spent PA2 dollars to allow the other counties in the region to have access to more grant dollars.
7. New Business
- a. FY25 RFP Funding Update
- N. Adelman provided an overview of submitted RFPs and the process. In addition to the scores, consideration was given to potential for funding that included information such as funding eligibility criteria, provider performance and regional need when award recommendations were being made.
- b. FY25 PA2 Request
- N. Adelman presented the FY2025 PA2 recommendations. Discussion followed. Payment for Recovery Support Services is switching from a staffing model to a fee for service model.

Original motion:

Motion by M. Uzelac, supported by M. Welch Marahar, to approve the use of PA2 funds to support FY25 programming as recommended

Proposed amendment to the original motion:

Motion by M. Welch Marahar, supported by D. Oblak, to amend the original motion to include the recommendation to add \$170,000 to Washtenaw's PA2 total, with the recommendation that the additional \$170,000 be allocated to SRSly Dexter ((\$85,000) and SRSly Chelsea (\$85,000)

Motion to amend passed

Roll Call Vote

Yes: J. Dean, A. Gontarski, M. Welch Marahar, D. Oblak, D. O'Dell, M. Uzelac

No: J. Cochran, D. Stimpson, T. Waldecker

Not present for in-person vote: A. Fullerton, R. Jefferson, M. Leterski, F. Sample, R. Tillotson

Amended motion:

Motion by M. Uzelac, supported by M. Welch Marahar, to approve the use of PA2 funds to support FY25 programming, amended to include the recommendation to add \$170,000 to Washtenaw's PA2 total, with the

recommendation that the additional \$170,000 be allocated to SRSly Dexter (\$85,000) and SRSly Chelsea (\$85,000)

Motion passed

Roll Call Vote

Yes: M. Cochran, J. Dean, A. Gontarski, M. Welch Marahar, D. Oblak, D. O'Dell, D. Stimpson, M. Uzelac, T. Waldecker

No:

Not present for in-person vote: A. Fullerton, R. Jefferson, M. Leterski, F. Sample, R. Tillotson

8. Report from Regional Board

- J. Colaianne advised that at their most recent meeting, the Regional Board reviewed a preview of the FY2025 budget and learned that the 9/6/24 rate-setting meeting may necessitate adjustments to the final proposed budget recommendations.
- The Regional Board approved a provider stabilization payment.
- The Board received an update about Monroe's financial status. M. Welch Marahar noted that Monroe CMH's Executive Director and CFO were committed to answering all of the questions that were put to them.

9. SUS Director Updates

a. CEO Update

- An all-staff retreat is coming up, with a focus on the organization's mission, vision and values.
- There is some concern around the FY2025 PIHP contract. Meetings are scheduled to discuss the contract with the state.
- FY18-19 Medicaid and HMP deficit – The PIHP has submitted a 3rd revised FY2022 FSR, which is related to the FY18-19 deficit. The Regional Board passed a motion for a response of reluctant agreement to the arrangement.

b. Kellogg Settlement Funds

- There is another future distribution of opioid settlement funds scheduled to occur to eligible municipalities from another lawsuit. More information to come.

c. Staffing

- Interviews are upcoming for the SUD Care Navigator and Grant Coordinator positions.
- Former Grant Coordinator Rebecca DuBois has left for a new position.

d. Health Equity Team Guidelines for Policy Review

- N. Adelman presented a draft for review.

10. Adjournment

Motion by M. Welch Marahar, supported by M. Uzelac, to adjourn the meeting

Motion passed

- The meeting was adjourned at 11:26 a.m.

***Next meeting: Thursday, September 26, 2024**

Location 3005 Boardwalk, Suite 200; Patrick Barrie Room



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
September 6, 2024 for September 11, 2024 Meeting

CMHPSM Update

- We submitted our FY2022 financial status report to MDHHS with the changes approved at the August 2024 Regional Board meeting. While we have not received confirmation that the contract closeout settlement processes have officially begun (or have completed), we were surprised by a \$7.49M pullback from our August capitation payments. We liquidated funds from our money market to ensure normal revenue would be passed along to our CMHSPs. We are still working with MDHHS to ascertain why official communication did not precede this significant reduction in revenue. We received a pre-payment detail file on August 28 that our payment on August 29 would be reduced by \$7.49M with no information as to why. Immediate inquiries to MDHHS were made and as of this writing we still do not have official confirmation that this pullback is related to our contract settlement processes for FY2018-FY2022, which is our assumption due to the amount withheld. We hope to have more information at our September Board meeting. We will work with the CMHSPs to complete contract settlement processes for FY2018-FY2022 in the near future.
- The CMHPSM held an all-staff meeting on Monday July 22, 2024 and on August 12, 2024. We are scheduled to meet September 9, 2024 and September 23, 2024.
- We also held an employee retreat on August 26, 2024 from 9:30am-1:30pm which was focused on staff input on the mission, vision and values, and potential re-branding of the CMHPSM. We received a lot of excellent input and will continue work on our new mission, vision and values.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings. We have expanded the first meeting of each month to include the three additional staff that supervise staff at the CMHPSM. These leadership/manager meetings will allow the CMHPSM to ensure standardization of human resource efforts related to the supervision of CMHPSM staff.

CMHPSM Staffing Update

- The CMHPSM currently has three open posted positions. We are actively recruiting and interviewing for the SUD Treatment Care Navigator, an Operations Assistant, and a Grant Coordinator/Program Coordinator that was identified for reclassification at this meeting.

- We would like to welcome Katie Rasmussen to our team. Katie started on August 21, 2024 as our Compliance Manager. We are excited to bring Katie’s experience and skillset to the compliance team.
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

Regional Update

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee continues to schedule to meet on a weekly basis.

Statewide Update

- The monthly PIHP statewide CEO meeting was held on September 3, 2024. We will meet as a group next on October 1, 2024. We also met as a group on August 27 to discuss the MDHHS/PIHP FY2025 contract items that were identified in Attachment 5 of this month’s packet.
- The monthly PIHP CEO/MDHHS behavioral health leadership staff meeting was held on September 5, 2024. We are scheduled to meet next on October 3, 2024. I provide a summary of those meetings to our regional CMHSP directors at our Regional Operations Committee meetings.
 - The PIHPs received notice that the Conflict Free Access and Planning proposal requirement has been delayed by MDHHS. We do not have an updated submission timeline at this time.
 - MDHHS has indicated that they are still moving down the path of significant changes to our system related to Conflict Free Access and Planning but have not shared information in recent months.

Legislative Updates

- The legislature has been out of session.

Future Updates

- We are planning to cover the following items at our upcoming CMHPSM Regional Board of Directors meetings:
 - October 2024
 - Regional Board Officer Elections
 - FY2024-2026 Strategic Plan Update
 - December 2024
 - FY2025 QAPIP Plan

Respectfully Submitted,



James Colaianne, MPA