

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

Patrick Barrie Room

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

Wednesday, September 13, 2023, 6:00 PM

**Dial-in Number Options:**

1-312-626-6799, 1-646 876-9923, or  
1-346-248-7799

**Meeting ID: 443 799 086**

**Join by Computer:**

<https://zoom.us/j/443799086>

Please wait to be admitted from the Zoom  
waiting room at 6:00 pm.

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 8-9-2023 Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (3 minutes per participant)	
VI. Old Business	15 min
a. Board Information: FY2023 Finance Report through July 30, 2023 {Att. #2}	
VII. New Business	60 min
a. Board Action: FY2023 Contracts {Att. #3}	
b. Board Action: FY2024 Budget {Att. #4}	
c. Board Action: FY2024 Contracts {Att. #5}	
d. Board Action: FY2024 Regional Board Meeting Schedule {Att. #6}	
e. Board Action: FY2024 Employee Handbook {Att. #7}	
f. Board Action: Five Year Acknowledgement – Nicole Adelman {Att. #8}	
g. Board Action: Position Reclassification {Att. #9}	
VIII. Reports to the CMHPSM Board	5 min
a. SUD Oversight Policy Board {Att. #10}	
b. Board Information: CEO Report to the Board {Att. #11}	
c. Board Information: CEO Authority Contract – Dickinson Wright {Att. #12}	
IX. Closed Session	
a. Discuss Potential Litigation	
X. 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 9, 2023**

**Members Present:** Judy Ackley, Patrick Bridge, Rebecca Curley, LaMar Frederick, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Pizzimenti, Mary Serio, Holly Terrill, Ralph Tillotson

**Members Absent:** Alfreda Rooks, Annie Somerville

**Staff Present** Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Lisa Graham

**Guests Present:** Representative Felicia Brabec, Representative Carrie Rheingans

- I. Call to Order  
Meeting called to order at 6:00 p.m. by Board Chair B. King.
- II. Roll Call
  - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented  
**Motion by R. Tillotson, supported by M. Welch Marahar, to approve the agenda**  
**Motion carried**
  - Rep. Felicia Brabec and Rep. Carrie Rheingans will join the meeting at 6:30.
- IV. Consideration to Approve the Revised Minutes of the 4-12-2023 Meeting and Waive the Reading Thereof  
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the revised minutes of the 4-12-2023 meeting and waive the reading thereof**  
**Motion carried**
  - The minutes were corrected to reflect that M. Welch Marahar exited the meeting during the closed session to discuss Case No. 2:16-cv-10936-PDB-EAS, due to a conflict of interest.
- V. Consideration to Approve the Minutes of the 6-14-2023 Meeting and Waive the Reading Thereof  
**Motion by J. Ackley, supported by M. Welch Marahar, to approve the minutes of the 6-14-2023 meeting and waive the reading thereof**  
**Motion carried**
  - L. Frederick abstained from the vote due to his absence from the 6-14-2023 meeting.
- VI. Audience Participation  
None
- VII. Questions and Answers with Michigan State Representatives:  
Felicia Brabec and Carrie Rheingans
  - Representatives Brabec and Rheingans provided an overview of legislation that is in progress, including:

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- ❖ A parity bill that would ensure that care for mental health and physical health is integrated and that there is parity in coverage.
- ❖ The number of CCBHC sites has increased.
- ❖ MSW licensure – addressing challenges in the licensing exam.
- ❖ Introduced a bill for a publicly financed health plan. Would cover all behavioral health services. Town hall on Monday at Skyline High School.
- ❖ Some of the upcoming bills in the fall involve:
  - NPs and PAs doing more in the mental health space (around restraints, for example).
  - Distribution of naloxone by some public sector entities.
- ❖ A bill that bans conversion therapy for youth has been enacted.
- ❖ The current state budget includes lots of funding allocated to mental health care, more CCBHCs, increased funding for school-based services, training, and direct care worker pay.

**Questions/concerns from board:**

- Peer recovery coaches aren't being included in DCW rate increases. Reps. Brabec and Rheingans agree on the importance of that peer relationship. Boilerplate language would need to be updated.
- Will there be an amendment to the Open Meetings Act to allow remote participation. Rep. Brabec advised that there was a vote recently for an exemption for some boards. More discussion is needed.
- Syringe Service Programs (SSP) bill: it's a reiteration of the "being in possession of a syringe" bill. Rep. Rheingans advised that there is some work being done on the language to try to address concerns.

VIII. Old Business

a. Board Information: FY2023 Finance Report through June 30, 2023

- M. Berg presented.
- J. Colaianne provided an update on the FY2018 deficit resolution progress. He has consulted with auditor Derek Miller and attorneys since the last board meeting.
- J. Colaianne is scheduled to meet with Kristen Jordan, the Specialty Behavioral Health Services Director at MDHHS, on Wednesday, 8/16.

b. Board Action: CEO Performance Review Goals

**Motion by M. Serio, supported by M. Welch Marahar, to approve the CEO performance goals for the period of May 2023 – April 2024**

**Motion carried**

- J. Colaianne presented updated goals, including service delivery goals directly related to the CEO's performance.

IX. New Business

a. Board Information: FY2024 Budget Preview

- M. Berg presented the draft FY2024 budget. The finalized budget will be presented next month for board review and approval.

b. Board Action – Roxanne Garber Acknowledgement

**Motion by M. Welch Marahar, supported by M. Serio, to authorize the CMHPSM Board Chair to sign a formal proclamation acknowledging the six years of service by Roxanne Garber to the PIHP region as a CMHPSM Regional Board member**

**Motion carried**

c. Board Action – Contracts

**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.*

**Motion by R. Tillotson, supported by M. Welch Marahar, to authorize the CEO to execute the contracts/amendments as presented**

**Motion carried**

- d. Board Action – Provider Stabilization

**Motion by M. Welch Marahar, supported by M. Serio, to approve the allocation of funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services as presented**

**Motion carried**

- e. Board Action – FY2023Q2 Quality Assessment and Performance Improvement Plan (QAPIP) Status Report

**Motion by M. Welch Marahar, supported by H. Terrill, to approve status report of the FY2023 Q2 Quality Assessment and Performance Improvement Program (QAPIP)**

**Motion carried**

- f. Board Action – FY2024-26 Substance Use Services Strategic Plan

**Motion by M. Welch Marahar, supported by R. Curley, to authorize CMHPSM CEO to sign and submit the FY2024-26 Substance Use Services Strategic Plan**

**Motion carried**

X. Reports to the CMHPSM Board

- a. SUD Oversight Policy Board

- The most recent OPB meeting was focused primarily on the strategic plan and health disparities.

- b. Board Information: CEO Report to the Board

- The PIHP is fully staffed. The temporary position that was approved by the board in April will not be extended.
- J. Colaianne’s written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

- c. Employee Engagement Survey

- Overall, there was improvement over last year’s survey scores.

XI. Adjournment

**Motion by R. Tillotson, supported by M. Welch Marahar, to adjourn the meeting**

**Motion carried**

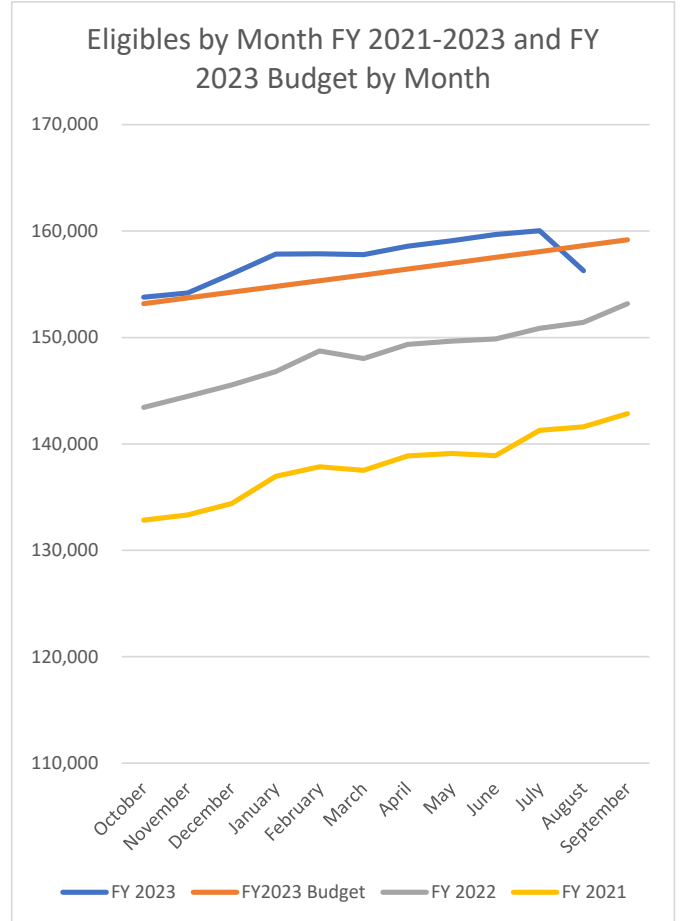
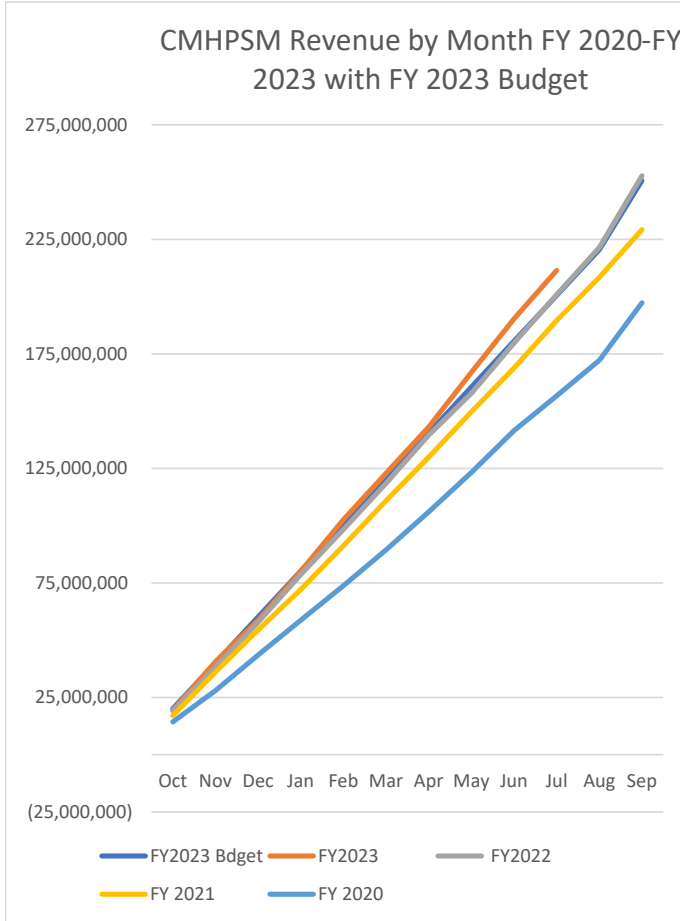
- Meeting adjourned at 7:27 p.m.

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Rebecca Pasko, CMHPSM Board Secretary

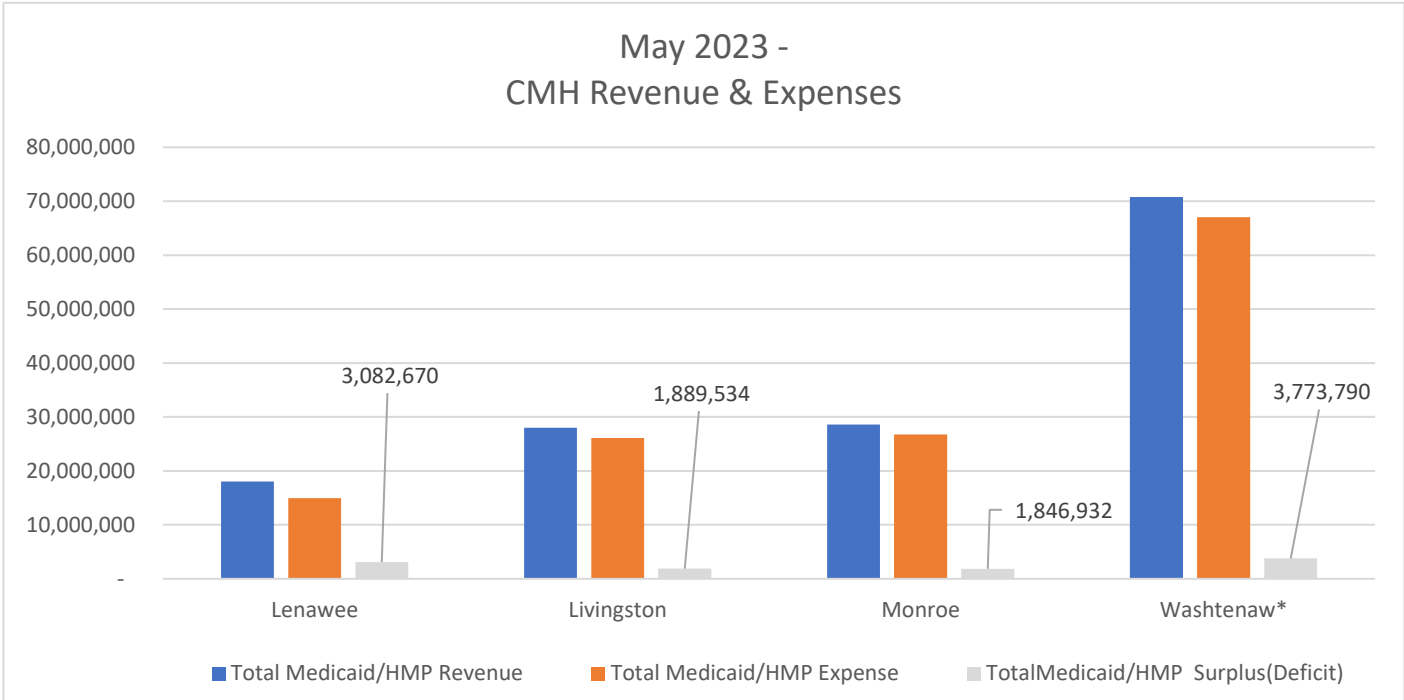
**CMHPSM Mission Statement**

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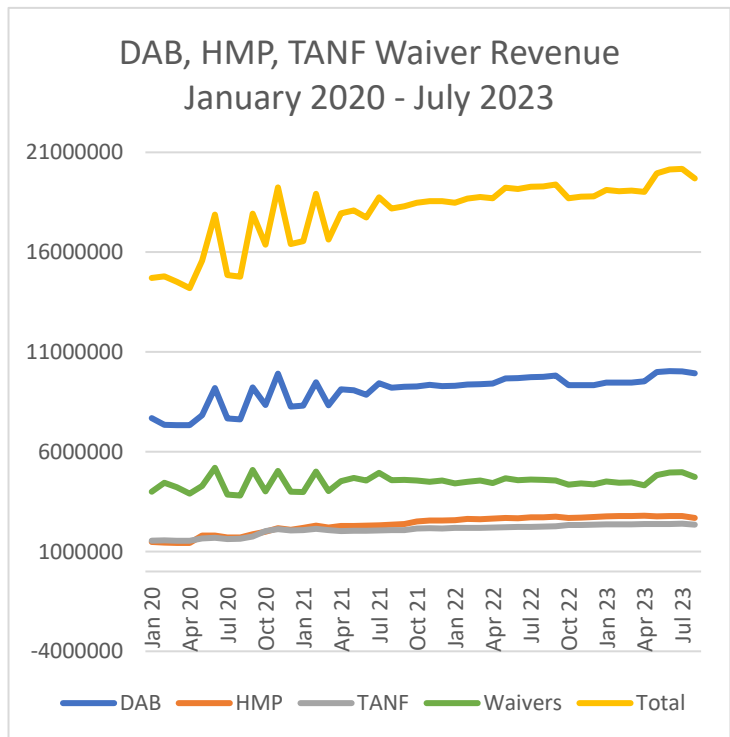
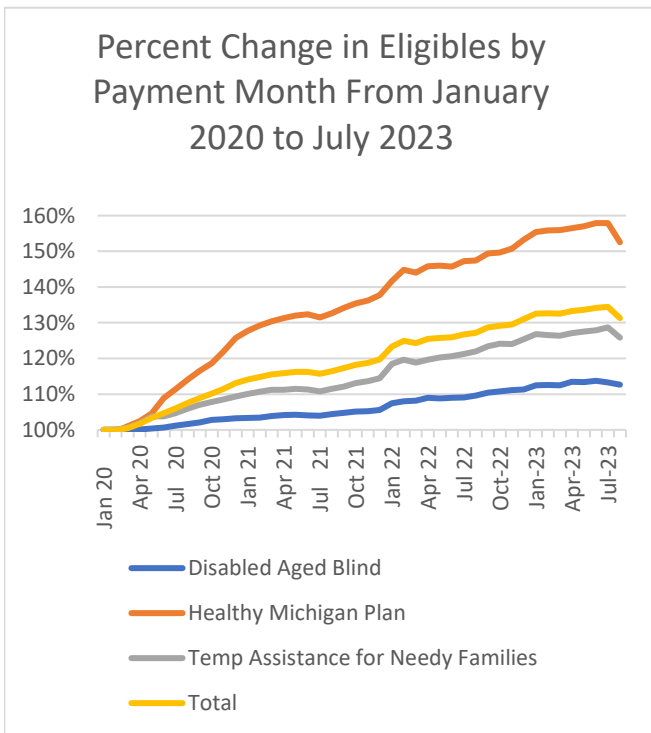
Operating Activities	Budget R1 FY 2022	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	221,239,514	176,032,928	188,056,288	12,023,359	-6.8%	245,306,257	24,066,743
MH Medicaid Expenses	224,202,551	187,253,010	189,532,392	(2,279,383)	-1.2%	229,954,836	5,752,285
MH Medicaid Net	(2,963,037)	(11,220,081)	(1,476,105)	9,743,977	-86.8%	15,351,421	18,314,458
SUD/Grants Revenue	26,232,600	21,860,500	22,648,453	787,953	3.6%	27,128,194	895,594
SUD/Grants Expenses	22,804,150	19,004,125	19,405,229	(401,104)	2.1%	22,009,302	(794,848)
SUD/Grants Net	3,428,450	2,856,375	3,243,224	386,849	13.5%	5,118,892	1,690,442
PIHP							
PIHP Revenue	3,219,911	2,365,901	2,617,363	251,462	10.6%	3,219,911	-
PIHP Expenses	3,197,487	2,502,679	2,495,566	(7,113)	0.3%	3,197,487	-
PIHP Total	22,424	(136,778)	121,797	258,575	189.0%	22,424	-
<b>Total Revenue</b>	<b>250,692,025</b>	<b>200,259,329</b>	<b>213,322,103</b>	<b>13,062,774</b>	<b>6.5%</b>	<b>275,654,362</b>	<b>24,962,337</b>
<b>Total Expenses</b>	<b>250,204,188</b>	<b>208,759,814</b>	<b>211,433,187</b>	<b>(2,673,373)</b>	<b>-1.3%</b>	<b>255,161,624</b>	<b>4,957,437</b>
<b>Total Net</b>	<b>487,837</b>	<b>(8,500,485)</b>	<b>1,888,917</b>	<b>10,389,401</b>	<b>-122.2%</b>	<b>20,492,737</b>	<b>20,004,900</b>

Regional CMH Revenue and Expenses  
Regional Charts



March	Lenawee	Livingston	Monroe	Washtenaw*	Region
Total Medicaid/HMP Revenue	18,015,062	27,984,197	28,610,764	70,791,170	145,401,193
Total Medicaid/HMP Expense	14,932,392	26,094,663	26,763,832	67,017,380	134,808,267
Total Medicaid/HMP Surplus(Deficit)	3,082,670	1,889,534	1,846,932	3,773,790	10,592,926
Surplus Percent of Revenue	17%	7%	6%	5%	7%

\* Includes CCBHC Revenue and Expense



Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenue and Expenses Notes  
Period Ending July 31, 2023

**SUMMARY PAGE**

- The following chart compares the liquid assets of CMHPSM at July 31 of 2023 and 2022.

Asset Type	Description	2023	2022
Cash	Operations	6,675,777	10,216,584
	ISF		15,026,845
	PA2 Reserve		6,188,817
	<b>Total Cash</b>	<b>6,675,777</b>	<b>31,432,246</b>
Investments	CD		15,335
	Money Market	10,071,119	
	US Treasuries	20,176,239	
	<b>Total Investments</b>	<b>30,247,358</b>	<b>15,335</b>
<b>Total Liquid Assets</b>		<b>36,923,136</b>	<b>31,447,581</b>

- Eligible Medicaid recipients remained steady from June to July of 2023. Eligibles fell by 3,751 from July to August.

**Medicaid Mental Health**

- Current Medicaid revenues less expenses show a net loss of (\$1,476,105) compared to a budgeted deficit of (\$11,220,081). The positive difference is due to strong Medicaid revenue and a recent change in rates from MDHHS.
- The rates paid in September 2023 will change. We have not received a copy of the final rates to be paid in September 2023.

**Medicaid and Grant SUD**

- SUD Medicaid/HMP shows a surplus of \$3,243,224 compared to a budget of \$2,856,375.

**PIHP Administration**

- PIHP Administrative Revenue is 10% over budget due to estimated incentives. Expenses are within 0.3% of the budget.
- Overall, the FY 23 surplus is \$10,389,401 ahead of budget.

**Projected Year-end 2023**

- The PIHP is showing strong Medicaid revenue for two reasons, the first is continued strong eligible enrollment despite the end of continuous Medicaid enrollment. Also, MDHHS revised CMHPSM's rate by over 5% in April. This increased monthly revenue by at least \$1M over what was in the budget. Including the \$14.9M carry forward, CMHPSM is projecting at least a \$20M surplus before MDHHS Lapse back.

FY 2018 & FY 2019 DEFICIT UPDATE

The following charts were copied from the FY 22 Financial Audit presented to the Board in May of 2023.

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.

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 FY 2018 & 2019 are cost settled with the state.

**NOTE 7 - DUE FROM MDHHS**

Due from MDHHS as of September 30<sup>th</sup> consists of the following:

Description	Amount
Due from MDHHS - PBIP/Withhold	2,053,505
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	1,273,262
Grants Receivable	1,570,606
Totals	15,894,488

**NOTE 10 - DUE TO AFFILIATE PARTNERS**

Due to Affiliate Partners as of September 30<sup>th</sup> consists of the following:

Description	Amount
Community Mental Health Services of Livingston County	3,164,312
Monroe Community Mental Health Authority	6,847,718
Washtenaw County Community Mental Health	14,092,245
Total	24,104,275

**NOTE 6 - DUE FROM AFFILIATE PARTNERS**

Due from other affiliate partners as of September 30<sup>th</sup> consists of the following:

Description	Amount
Lenawee Community Mental Health Authority	6,974,176
Community Mental Health Services of Livingston County	7,572,498
Monroe Community Mental Health Authority	688,490
Washtenaw County Community Mental Health	8,938,263
Totals	24,173,427



**Community Mental Health Partnership of Southeast Michigan  
Preliminary Statement of Revenues and Expenditures  
For the Period Ending July 31, 2023**

	Budget FY 2023	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
<b>MEDICAID</b>							
<b>MEDICAID REVENUE</b>							
Medicaid (b) & 1115i	116,734,441	97,278,701	101,675,031	4,396,330	-4.5%	123,095,535	6,361,094
Medicaid Waivers	53,639,152	44,699,293	45,556,487	857,194	-1.9%	55,530,982	1,891,830
Healthy Michigan Revenue	18,448,797	15,373,997	17,240,634	1,866,637	-12.1%	20,838,331	2,389,534
Medicaid Autism	16,267,125	13,555,937	13,163,003	(392,934)	2.9%	15,895,924	(371,201)
Prior Year Carry Forward	10,000,000	-	-	-	0.0%	14,993,512	4,993,512
Behavioral Health Home	650,000	541,667	591,234	49,567		729,633	79,633
CCBHC	2,000,000	1,666,667	7,163,234	5,496,568	-329.8%	8,889,012	6,889,012
HRA MCAID Revenue	2,000,000	1,666,667	1,383,536	(283,131)		2,566,256	566,256
HRA HMP Revenue	1,500,000	1,250,000	1,283,128	33,128		2,767,072	1,267,072
<b>Medicaid Revenue</b>	<b>221,239,514</b>	<b>176,032,928</b>	<b>188,056,288</b>	<b>12,023,359</b>	<b>-6.8%</b>	<b>245,306,257</b>	<b>24,066,743</b>
<b>MEDICAID EXPENDITURES</b>							
IPA MCAID	2,031,950	906,049	906,049	(0)	0.0%	1,892,099	(139,851)
IPA HMP	223,517	106,296	106,296	(0)	0.0%	212,593	(10,925)
HRA MC	2,000,000	2,014,012	2,014,012	-	0.0%	2,767,072	(767,072)
HRA HMP	1,500,000	2,187,416	2,187,416	-	0.0%	2,566,256	(1,066,256)
<b>Lenawee CMH</b>							
Medicaid (b) & 1115i	14,652,005	12,210,004	12,964,789.00	(754,785)	-6.2%	15,557,747	905,741
Medicaid Waivers	6,332,531	5,277,109	5,016,089.00	261,020	4.9%	6,178,239	(154,292)
Healthy Michigan Expense	4,719,346	3,932,788	3,611,520.00	321,268	8.2%	4,333,824	(385,522)
Autism Medicaid	1,322,668	1,102,224	1,012,184.00	90,040	8.2%	1,214,620	(108,048)
Behavioral Health Homes	60,000	50,000	40,673	9,327		47,420	(12,580)
DHIP	-	-	75,188	(75,188)		73,599	73,599
<b>Lenawee CMH Total</b>	<b>27,086,551</b>	<b>22,572,126</b>	<b>22,720,443</b>	<b>(148,317)</b>	<b>-0.7%</b>	<b>27,405,450</b>	<b>318,899</b>
<b>Livingston CMH</b>							
Medicaid (b) & 1115i	22,712,650	18,927,208	19,923,041	(995,833)	-5.3%	23,907,650	1,195,000
Medicaid Waivers	10,347,972	8,623,310	7,322,744	1,300,566	15.1%	8,895,174	(1,452,797)
Healthy Michigan Expense	4,135,002	3,445,835	3,219,683	226,152	6.6%	3,863,619	(271,382)
Autism Medicaid	5,771,052	4,809,210	4,493,579	315,631	6.6%	5,392,294	(378,758)
Behavioral Health Homes	60,000	50,000	42,741	7,259		54,908	
DHIP	-	-	130,784	(130,784)		116,488	116,488
<b>Livingston CMH Total</b>	<b>43,026,675</b>	<b>35,855,563</b>	<b>35,132,572</b>	<b>722,991</b>	<b>2.0%</b>	<b>42,230,134</b>	<b>(796,542)</b>
<b>Monroe CMH</b>							
Medicaid (b) & 1115i	26,401,165	22,000,971	23,010,872	(1,009,900)	-4.6%	27,613,046	1,211,881
Medicaid Waivers	10,770,650	8,975,541	8,349,363	626,178	7.0%	10,290,944	(479,705)
Healthy Michigan	3,285,257	2,737,714	2,510,655	227,059	8.3%	3,012,786	(272,471)
Autism Medicaid	2,606,757	2,172,297	1,992,132	180,166	8.3%	2,390,558	(216,199)
Behavioral Health Homes	60,000	50,000	88,991	(38,991)		96,192	
DHIP	-	-	26,475	(26,475)		231,564	231,564
<b>Monroe CMH Total</b>	<b>43,123,829</b>	<b>35,936,524</b>	<b>35,978,487</b>	<b>(41,964)</b>	<b>-0.1%</b>	<b>43,635,091</b>	<b>511,262</b>
<b>Washtenaw CMH</b>							
Medicaid (b) & 1115i	53,825,070	44,854,225	48,167,843	(3,313,618)	-7.4%	57,801,411	3,976,341
Medicaid Waivers	34,351,501	28,626,251	24,154,255	4,471,996	15.6%	29,295,989	(5,055,512)
Healthy Michigan Expense	7,597,382	6,331,152	5,761,142	570,010	9.0%	6,913,371	(684,011)
Autism Medicaid	7,116,076	5,930,063	5,396,163	533,900	9.0%	6,475,395	(640,681)
CCBHC	1,980,000	1,650,000	6,656,769	(5,006,769)	-303.4%	8,315,240	6,335,240
Behavioral Health Homes	340,000	283,333	303,819	(20,486)	-7.2%	387,552	47,552
DHIP	-	-	47,125	(47,125)		57,185	57,185
<b>Washtenaw CMH Total</b>	<b>105,210,029</b>	<b>87,675,024</b>	<b>90,487,116</b>	<b>(2,812,092)</b>	<b>-3.2%</b>	<b>109,246,142</b>	<b>4,036,113</b>
<b>Medicaid Expenditures</b>	<b>224,202,551</b>	<b>187,253,010</b>	<b>189,532,392</b>	<b>(2,279,383)</b>	<b>-1.2%</b>	<b>229,954,836</b>	<b>5,752,285</b>
<b>Medicaid Total</b>	<b>(2,963,037)</b>	<b>(11,220,081)</b>	<b>(1,476,105)</b>	<b>9,743,977</b>	<b>-86.8%</b>	<b>15,351,421</b>	<b>18,314,458</b>

**Community Mental Health Partnership of Southeast Michigan**  
**Preliminary Statement of Revenues and Expenditures**  
**For the Period Ending July 31, 2023**

	Budget FY 2023	YTD Budget	YTD Actual	Actual O(U) Budget	Percent Variance	Projected Year-End	Projected O(U) Budget
<b>SUD/GRANTS</b>							
<b>SUD/GRANTS REVENUE</b>							
Healthy Michigan Plan SUD	10,344,199	8,620,166	9,218,324	598,158	6.9%	11,160,897	816,698
Medicaid SUD	3,473,674	2,894,728	3,436,949	542,221	18.7%	4,150,241	676,567
PA2 - Tax Revenue (Est)	1,800,000	1,500,000	1,793,363	293,363	19.6%	1,800,000	-
PA2 - Use of Reserve (Est)	890,159	741,799	234,348	(507,451)	-216.5%	900,000	-
Federal/State Grants	9,249,568	7,707,973	7,074,414	(633,559)	-8.2%	8,347,813	(901,755)
Opioid Health Homes	475,000	395,833	891,055	495,222	55.6%	769,243	-
<b>SUD/Grants REVENUE</b>	<b>26,232,600</b>	<b>21,860,500</b>	<b>22,648,453</b>	<b>787,953</b>	<b>3.6%</b>	<b>27,128,194</b>	<b>895,594</b>
				0			
				0			
<b>SUD/GRANTS EXPENDITURES</b>							
<b>SUD Administration</b>							
Salaries & Fringes	1,244,808	1,037,340	830,790	(206,550)	-19.9%	752,676	(492,132)
Contracts	309,168	257,640	102,386	(155,254)	-60.3%	100,151	(209,017)
Board Expense	1,000	833	317	(517)	-62.0%	317	(683)
Other Expenses	182,175	151,812	104,755	(47,057)	-31.0%	89,159	(93,016)
Indirect Cost Recovery	0	-	(2,412)	(2,412)	-	-	-
<b>SUD Administration</b>	<b>1,737,151</b>	<b>1,447,626</b>	<b>1,035,836</b>	<b>(411,790)</b>	<b>-28.4%</b>	<b>942,303</b>	<b>(794,848)</b>
<b>Lenawee SUD Services</b>	<b>2,141,943</b>	<b>1,784,952</b>	<b>1,749,035</b>	<b>(35,917)</b>	<b>-2.0%</b>	<b>2,141,943</b>	<b>-</b>
<b>Livingston SUD Services</b>	<b>2,566,539</b>	<b>2,138,783</b>	<b>1,872,680</b>	<b>(266,103)</b>	<b>-12.4%</b>	<b>2,566,539</b>	<b>-</b>
<b>Monroe SUD Services</b>	<b>2,952,548</b>	<b>2,460,457</b>	<b>3,068,526</b>	<b>608,069</b>	<b>24.7%</b>	<b>2,952,548</b>	<b>-</b>
<b>Washtenaw SUD Services</b>	<b>6,560,499</b>	<b>5,467,082</b>	<b>6,818,182</b>	<b>1,351,100</b>	<b>24.7%</b>	<b>6,560,499</b>	<b>-</b>
<b>Opioid Health Homes</b>	<b>380,000</b>	<b>316,667</b>	<b>554,456</b>	<b>237,789</b>	<b>75.1%</b>	<b>380,000</b>	<b>-</b>
<b>Veteran Navigation</b>	<b>200,000</b>	<b>166,667</b>	<b>131,559</b>	<b>(35,108)</b>	<b>-21.1%</b>	<b>200,000</b>	<b>-</b>
<b>COVID Grants</b>	<b>2,160,575</b>	<b>1,800,479</b>	<b>1,616,417</b>	<b>(184,062)</b>	<b>-10.2%</b>	<b>2,160,575</b>	<b>-</b>
<b>SOR</b>	<b>3,201,294</b>	<b>2,667,745</b>	<b>2,048,692</b>	<b>(619,053)</b>	<b>-23.2%</b>	<b>3,201,294</b>	<b>-</b>
<b>Gambling Prevention Grant</b>	<b>200,000</b>	<b>166,667</b>	<b>37,634</b>	<b>(129,033)</b>	<b>-77.4%</b>	<b>200,000</b>	<b>-</b>
<b>Tobacco/Other</b>	<b>4,000</b>	<b>4,000</b>	<b>595</b>	<b>(3,405)</b>	<b>-</b>	<b>4,000</b>	<b>-</b>
<b>Women's Specialty Services</b>	<b>699,601</b>	<b>583,001</b>	<b>471,617</b>	<b>(111,384)</b>	<b>-19.1%</b>	<b>699,601</b>	<b>-</b>
<b>SUD/Grants Expenditures</b>	<b>22,804,150</b>	<b>19,004,125</b>	<b>19,405,229</b>	<b>(401,104)</b>	<b>2.1%</b>	<b>22,009,302</b>	<b>(794,848)</b>
<b>SUD/Grants Total</b>	<b>3,428,450</b>	<b>2,856,375</b>	<b>3,243,224</b>	<b>386,849</b>	<b>13.5%</b>	<b>5,118,892</b>	<b>1,690,442</b>
<b>PIHP</b>							
<b>PIHP REVENUE</b>							
Incentives (Est)	2,002,943	1,669,119	1,712,614	43,495	2.6%	2,002,943	-
Local Match	940,504	466,395	621,860	155,465	-	940,504	-
Other Income	276,464	230,386	282,889	52,502	22.8%	276,464	-
<b>PIHP Revenue</b>	<b>3,219,911</b>	<b>2,365,901</b>	<b>2,617,363</b>	<b>251,462</b>	<b>10.6%</b>	<b>3,219,911</b>	<b>-</b>
<b>PIHP EXPENDITURES</b>							
<b>PIHP Admin</b>							
Local Match	940,504	621,860	621,860	-	0.0%	940,504	-
Salaries & Fringes	1,465,246	1,221,038	1,095,178	(125,860)	-10.3%	1,465,246	-
Contracts	520,386	433,655	448,597	14,942	3.4%	520,386	-
Other Expenses	269,351	224,459	328,566	104,107	46.4%	269,351	-
<b>PIHP Admin</b>	<b>3,195,487</b>	<b>2,501,012</b>	<b>2,494,201</b>	<b>(6,811)</b>	<b>0.3%</b>	<b>3,195,487</b>	<b>-</b>
Board Expense	2,000	1,667	1,365	(302)	-18.1%	2,000	-
<b>PIHP Expenditures</b>	<b>3,197,487</b>	<b>2,502,679</b>	<b>2,495,566</b>	<b>(7,113)</b>	<b>0.3%</b>	<b>3,197,487</b>	<b>-</b>
<b>PIHP Total</b>	<b>22,424</b>	<b>(136,778)</b>	<b>121,797</b>	<b>258,575</b>	<b>-189.0%</b>	<b>22,424</b>	<b>-</b>
<b>Organization Total</b>	<b>487,837</b>	<b>(8,500,485)</b>	<b>1,888,917</b>	<b>10,389,401</b>	<b>-122.2%</b>	<b>20,492,737</b>	<b>20,004,900</b>
Totals							
Revenue	250,692,025	200,259,329	213,322,103	13,062,774	-6.5%	275,654,362	24,962,337
Expenses	250,204,188	208,759,814	211,433,187	(2,673,373)	1.3%	255,161,624	4,957,437
Net	487,837	(8,500,485)	1,888,917	10,389,401	-122.2%	20,492,737	20,004,900



Regional Board Action Request – Contracts

Board Meeting Date: September 13, 2023

Action(s) Requested: Approval for the CEO to execute the contracts/amendments listed below.

Organization - Background	Term	Funding Level	Funding Source
<p><b>Rehmann Robson</b> – In coordination with the TM Group, we are requesting to utilize Rehman Robson consulting to assist in our regional transition to new general ledger accounting software, standard cost allocation setup and connection between our electronic health record system and new Microsoft Business Central financial software. The billable hours from this contract will be utilized by all of the regional partners CMHSPs and the PIHP for customization and setup consulting.</p> <p>This regional project will start in September 2023 but will carry over into FY2024. We are estimating the project will utilize 30 hours in FY2023 and 55 hours in FY2024. Actual staff level and hours will be billed upon actual utilization during the course of the engagement letter.</p>	<p>8/21/2023 - 3/31/2024</p>	<p>Not to exceed \$48,450</p>	<p>Administrative</p>

Recommend: Approval



**FY2024  
BUDGET  
OCTOBER 1, 2023 –  
SEPTEMBER 30, 2024**

**SEPTEMBER 13, 2023**

# 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.

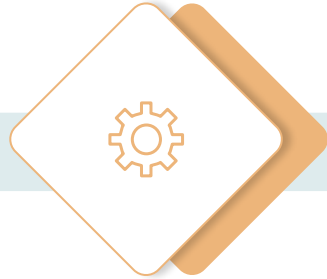
# VISION

- 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 FY2024 BUDGET



# CMHPSM REVENUE PROJECTION METHODOLOGY



Public Health Emergency End Unwind Continued Economic / COVID Impact on Medicaid Eligible Individual Levels



Eligible individual levels are projected to decrease each month of FY2024. A projected decrease of 16% in September 2024 compared to July 2023 monthly eligible individuals.



Eligible individuals in September 2024 project to be 9% higher than February 2020 eligible individuals.



Increase in per member per month (PMPM) rates to account for this projected decline in eligible individuals. Enrollment will be continuously monitored throughout FY2024.



While we currently project revenue to remain very similar to FY2023 in FY2024, we our currently projecting that a budget amendment may be necessitated this year with enrollment and rate volatility.

# Rate Information

- Statewide Rates by Program
- DAB rate increases
- HMP rate decreases
- Large 1915(c) Waiver Program Increases

## Revised Draft SFY 2024 Capitation Rates - Excl HRA

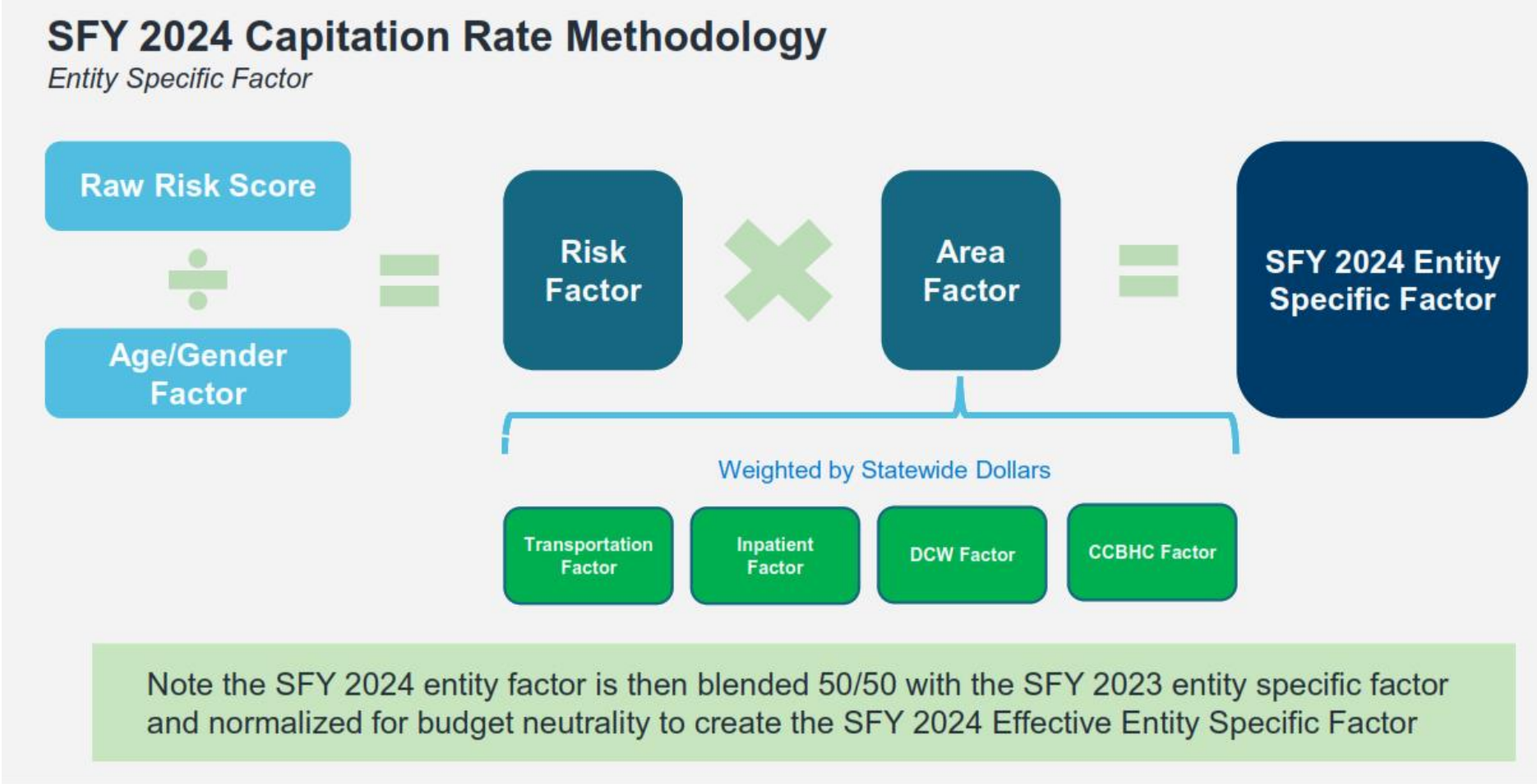
POPULATION	SFY 2023 AMENDED CAPITATION RATES	SFY 2024 CAPITATION RATES	INCREASE/DECREASE
<u>Specialty Services</u>			
DAB - Enrolled	\$ 341.97	\$ 367.98	7.6%
DAB - Unenrolled	340.74	374.25	9.8%
HMP - Enrolled	51.65	43.14	(16.5%)
HMP - Unenrolled	46.91	33.86	(27.8%)
TANF - Enrolled	33.92	35.83	5.6%
TANF - Unenrolled	23.09	22.22	(3.8%)
<u>1915(c) Waiver</u>			
Children's Waiver Program	2,871.21	3,409.80	18.8%
Habilitative Supports Waiver	6,047.89	7,101.03	17.4%
Serious Emotional Disturbances	1,656.05	1,966.06	18.7%
<b>Composite Base Capitation Rates</b>	<b>\$ 113.96</b>	<b>\$ 120.42</b>	<b>5.7%</b>

Notes:  
 1. Reflects composite rates for all services (MH, SUD, Autism) based on SFY 2024 projected enrollment.  
 2. Includes consideration of CCBHC mild-to-moderate service removal and CCBHC fee schedule application.  
 3. SFY 2023 Amended capitation rates reflect the rates provided in May 2023.



# Rate Information

- FY2023 and FY2024 Entity Specific Factor Blend



## Rate Information

- Area factor decrease in SFY2024 towards the statewide mean.

### SFY 2024 Area Factors Change From Prior Year

MANAGED CARE ENTITY	SFY 2024 FINAL FACTORS	PREVIOUS 2023 FACTORS	PERCENTAGE CHANGE
NorthCare Network	1.0970	1.0705	2.5%
Northern Michigan Regional Entity	1.0297	1.0076	2.2%
Lakeshore Regional Entity	0.9790	0.9772	0.2%
Southwest Michigan Behavioral Health	0.9896	0.9958	(0.6%)
Mid-State Health Network	0.9911	0.9789	1.2%
CMH Partnership of Southeast Michigan	1.0150	1.0369	(2.1%)
Detroit Wayne Mental Health Authority	1.0104	1.0155	(0.5%)
Oakland County CMH Authority	1.0011	1.0243	(2.3%)
Macomb County CMH Services	1.0131	1.0141	(0.1%)
Region 10 PIHP	0.9787	0.9716	0.7%



## Rate Information

- Area factor decrease in SFY2024 towards the statewide mean.

## PIHP Entity Specific SFY 2024 Factor Change

MANAGED CARE ENTITY	SFY 2023 ENTITY SPECIFIC FACTOR	SFY 2024 ENTITY SPECIFIC FACTOR	PERCENT CHANGE	PERCENT CHANGE INCLUDING HSW
NorthCare Network	1.0387	1.0526	1.3%	1.2%
Northern Michigan Regional Entity	1.0020	1.0038	0.2%	0.3%
Lakeshore Regional Entity	0.9553	0.9415	(1.4%)	(1.3%)
Southwest Michigan Behavioral Health	0.8371	0.8343	(0.3%)	(0.4%)
Mid-State Health Network	1.0824	1.0775	(0.4%)	(0.4%)
CMH Partnership of Southeast Michigan	1.0515	1.0619	1.0%	0.4%
Detroit Wayne Mental Health Authority	0.9508	0.9394	(1.2%)	(1.2%)
Oakland County CMH Authority	1.2942	1.3256	2.4%	1.8%
Macomb County CMH Services	0.9064	0.9230	1.8%	1.6%
Region 10 PIHP	1.0136	1.0150	0.1%	0.1%

Notes:

- SFY 2023 and SFY 2024 entity specific factors reflect a 50/50 blend of current year risk and area factors and prior year risk and area factors.
- SFY 2024 entity specific factors have been normalized to be budget neutral to MDHHS.



## Rate Information

- Statewide Enrollment Projection by Program: DAB, TANF & HMP

## Enrollment Projections by Population

MONTH	DAB	TANF	HMP	TOTAL
<i>February 2020</i>	<i>500,325</i>	<i>1,216,718</i>	<i>668,988</i>	<i>2,386,031</i>
July 2023	547,173	1,512,756	1,035,924	3,095,853
August 2023	544,238	1,494,208	1,012,934	3,051,380
September 2023	541,057	1,474,109	988,021	3,003,187
October 2023	538,477	1,457,803	967,811	2,964,091
November 2023	535,677	1,440,110	945,880	2,921,666
December 2023	533,009	1,423,254	924,987	2,881,251
January 2024	530,284	1,406,029	903,637	2,839,950
February 2024	527,758	1,390,068	883,854	2,801,680
March 2024	525,033	1,372,853	862,516	2,760,402
April 2024	522,102	1,354,331	839,558	2,715,992
May 2024	519,567	1,338,313	819,704	2,677,585
June 2024	516,993	1,322,043	799,537	2,638,572
July 2024	514,379	1,305,529	779,069	2,598,978
August 2024	514,379	1,305,529	779,069	2,598,978
<u>September 2024</u>	<u>514,379</u>	<u>1,305,529</u>	<u>779,069</u>	<u>2,598,978</u>
<b>SFY 2024 AVERAGE</b>	<b>524,336</b>	<b>1,368,449</b>	<b>857,057</b>	<b>2,749,843</b>

Notes:  
1. Based upon enrollment data which reflects anticipated enrollment through August 2023



# EXPENDITURE ASSUMPTIONS

CMHPSM FY2024 BUDGET





## DIRECT CARE PREMIUM PAY

- The FY2024 direct care worker premium pay has been increased by \$0.85/hour per the approved State of Michigan SFY2024 budget. Statewide capitated payment rates have been actuarially determined to include the \$3.59/hour premium pay for FY2024.
- Direct care workers delivering premium pay eligible services must be paid the additional \$3.20/hour directly, and \$0.39/hour goes to the provider for premium pay related employer costs.
- Applicable provider fee schedules will include the \$3.60/hour premium pay increase for the entirety of FY2024. The CMHPSM will cover the additional \$0.01/hour as some eligible services are 15-minute services codes.

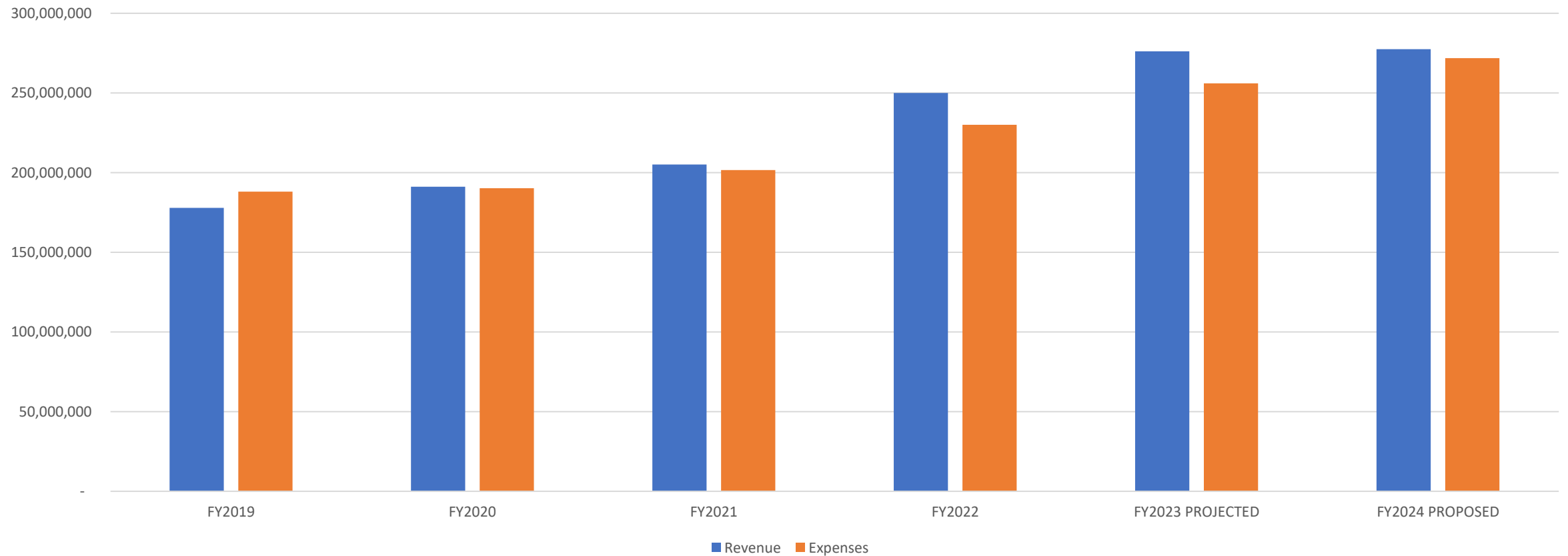
# ASSUMPTIONS FOR MENTAL HEALTH SERVICE BUDGET

- The CMHSPs will continue to receive revenue with the same methodology used in FY2023. Most 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 deducted.
- Two of our CMHSPs are now designated as Certified Community Behavioral Health Clinics (CCBHCs): Washtenaw County Community Mental Health and Monroe Community Mental Health Authority has been approved for FY2024.

# ASSUMPTIONS FOR FY2024 PIHP ADMINISTRATION

- Salaries are budgeted at appropriate tier placements and scheduled increases, including a 3% cost of living adjustment (COLA) for all CMHPSM employees effective October 1, 2023. Salary tier information is on the following page.
- Fringe benefits are budgeted at 32.5% of salaries.
- The CMHPSM administrative budget includes 27 full-time positions and two part-time positions at the CMHPSM for a total of 28.0 full time equivalents (FTEs).

# CMHPSM REVENUE & EXPENSE FY2019-2024



**Community Mental Health Partnership of Southeast Michigan  
Proposed Budget for FY2024**

	<b>Budget FY 2023</b>	<b>YTD 7/31/2023</b>	<b>Projected YE 2023</b>	<b>Proposed Budget FY 2024</b>
<b>MEDICAID</b>				
<b>MEDICAID REVENUE</b>				
Medicaid	116,734,441	101,675,031	123,775,535	109,289,565
Medicaid Waivers	53,639,152	45,556,487	55,530,982	60,344,963
Healthy Michigan Revenue	18,448,797	17,240,634	20,838,331	14,449,098
Medicaid Autism	16,267,125	13,163,003	15,895,924	14,603,811
Prior Year Carry Forward	10,000,000	-	14,993,512	15,000,000
Behavioral Health Home	650,000	591,234	729,633	739,375
CCBHC - Supplemental	2,000,000	7,163,234	8,889,012	14,646,464
CCBHC - Medicaid/HMP		-		14,646,465
HRA MCAID Revenue	2,000,000	1,383,536	2,566,256	2,700,000
HRA HMP Revenue	1,500,000	1,283,128	2,767,072	2,700,000
<b>Medicaid Revenue</b>	<b>221,239,514</b>	<b>188,056,287</b>	<b>245,986,257</b>	<b>249,119,741</b>
<b>MEDICAID EXPENDITURES</b>				
IPA MCAID	2,031,950	906,049	1,892,099	2,208,102
IPA HMP	223,517	106,296	212,593	272,912
HRA MC	2,000,000	2,014,012	2,767,072	2,700,000
HRA HMP	1,500,000	2,187,416	2,566,256	2,700,000
<b>Lenawee CMH</b>				
Medicaid	14,652,005	12,964,789	15,557,746.56	17,843,611
Medicaid Waivers	6,332,531	5,016,089	6,178,238.79	6,606,953
Healthy Michigan Expense	4,719,346	3,611,520	4,333,824.36	2,537,816
Autism Medicaid	1,322,668	1,012,184	1,214,620.20	1,096,819
Behavioral Health Homes	60,000	40,673	47,420	50,000
DHIP		75,188	73,599	
<b>Lenawee CMH Total</b>	<b>27,086,551</b>	<b>22,720,443</b>	<b>27,405,450</b>	<b>28,135,199</b>
<b>Livingston CMH</b>				
Medicaid	22,712,650	19,923,041	23,907,650	25,958,028
Medicaid Waivers	10,347,972	7,322,744	8,895,174	9,563,961
Healthy Michigan Expense	4,135,002	3,219,683	3,863,619	2,467,711
Autism Medicaid	5,771,052	4,493,579	5,392,294	5,309,239
Behavioral Health Homes	60,000	42,741	54,908	55,000
DHIP		130,784	116,488	
<b>Livingston CMH Total</b>	<b>43,026,675</b>	<b>35,132,572</b>	<b>42,230,134</b>	<b>43,353,939</b>
<b>Monroe CMH</b>				
Medicaid	26,401,165	23,010,872	27,613,046	22,014,214
Medicaid Waivers	10,770,650	8,349,363	10,290,944	11,035,801
Healthy Michigan	3,285,257	2,510,655	3,012,786	2,860,301
Autism Medicaid	2,606,757	1,992,132	2,390,558	2,066,470
CCBHC Medicaid/HMP				6,000,000
CCBHC Supplemental				6,000,000
Behavioral Health Homes	60,000	88,991	118,655	96,500
DHIP		26,475	231,564	
<b>Monroe CMH Total</b>	<b>43,123,829</b>	<b>35,978,488</b>	<b>43,657,553</b>	<b>50,073,286</b>
<b>Washtenaw CMH</b>				
Medicaid	53,825,070	48,167,843	57,801,411	49,619,192
Medicaid Waivers	34,351,501	24,154,255	29,295,989	31,350,706
Healthy Michigan Expense	7,597,382	5,761,142	6,913,371	6,155,256
Autism Medicaid	7,116,076	5,396,163	6,475,395	7,423,397
CCBHC Medicaid/HMP				8,500,000
CCBHC Supplemental	1,980,000	6,656,769	8,315,240	8,500,000
Behavioral Health Homes	340,000	303,819	387,552	390,000
DHIP		47,125	57,185	
<b>Washtenaw CMH Total</b>	<b>105,210,029</b>	<b>90,487,116</b>	<b>109,246,142</b>	<b>111,938,551</b>
<b>Medicaid Expenditures</b>	<b>224,202,551</b>	<b>189,532,393</b>	<b>229,977,298</b>	<b>241,381,989</b>
<b>Medicaid Total</b>	<b>(2,963,037)</b>	<b>(1,476,106)</b>	<b>16,008,959</b>	<b>7,737,752</b>

**Community Mental Health Partnership of Southeast Michigan  
Proposed Budget for FY2024**

	Budget FY 2023	YTD 7/31/2023	Projected YE 2023	Proposed Budget FY 2024
<b>SUD/GRANTS</b>				
<b>SUD/GRANTS REVENUE</b>				
Healthy Michigan Plan SUD	10,344,199	9,218,324	11,160,897	8,101,577
Medicaid SUD	3,473,674	3,436,949	4,150,241	3,213,686
PA2 - Tax Revenue (Est)	1,800,000	1,793,363	1,800,000	1,825,000
PA2 - Use of Reserve (Est)	890,159	234,348	900,000	1,088,518
Federal/State Grants	9,249,568	7,074,414	8,347,813	11,277,832
Opioid Health Homes	475,000	891,055	769,243	850,000
<b>SUD/Grants REVENUE</b>	<b>26,232,600</b>	<b>22,648,453</b>	<b>27,128,194</b>	<b>26,356,613</b>
<b>SUD/GRANTS EXPENDITURES</b>				
<b>SUD Administration</b>				
Salaries & Fringes	1,244,808	830,790	991,236	1,199,692
Indirect Cost Recovery	0	(2,412)		(432,333)
<b>SUD Administration</b>	<b>1,244,808</b>	<b>828,378</b>	<b>991,236</b>	<b>767,359</b>
<b>Lenawee Medicaid/HMP SUD</b>	2,141,943	1,749,035	2,332,047	2,334,501
<b>Livingston Medicaid/HMP SUD</b>	2,566,539	1,872,680	2,294,237	2,694,735
<b>Monroe Medicaid/HMP SUD</b>	2,952,548	3,068,526	3,642,238	4,110,257
<b>Washtenaw Medicaid/HMP SUD</b>	6,560,499	6,818,182	8,172,350	9,225,314
<b>Opioid Health Homes</b>	380,000	554,456	667,110	680,000
<b>Veteran Navigation</b>	200,000	131,559	159,763	192,000
<b>COVID/ARPA Grants</b>	2,160,575	1,616,417	1,874,209	2,872,345
<b>SOR</b>	3,201,294	2,048,692	2,422,659	3,890,236
<b>Gambling Prevention Grant</b>	200,000	37,634	43,204	217,582
<b>Tobacco</b>	4,000	595	225	4,000
<b>Women's Specialty Services</b>	699,601	471,617	546,475	350,489
		-		
<b>SUD/Grants Expenditures</b>	<b>22,311,807</b>	<b>19,197,771</b>	<b>23,145,753</b>	<b>27,338,818</b>
<b>SUD/Grants Total</b>	<b>3,920,793</b>	<b>3,450,682</b>	<b>3,982,441</b>	<b>(470,111)</b>
<b>PIHP</b>				
<b>PIHP REVENUE</b>				
Incentives (Est)	2,002,943	1,712,614	2,028,048	1,890,000
Local Match	940,504	621,860	621,860	-
Other Income	276,464	282,889	182,117	200,000
<b>PIHP Revenue</b>	<b>3,219,911</b>	<b>2,617,363</b>	<b>2,832,025</b>	<b>2,090,000</b>
<b>PIHP EXPENDITURES</b>				
<b>PIHP Admin</b>				
Local Match	940,504	621,860	621,860	-
Salaries & Fringes	1,465,246	1,095,178	1,383,383	1,869,229
Contracts	829,554	550,981	661,177	865,500
Other Expenses	451,526	433,321	518,582	472,248
<b>PIHP Admin</b>	<b>3,686,830</b>	<b>2,701,340</b>	<b>3,185,002</b>	<b>3,206,977</b>
Board Expense	3,000	1,682	2,650	3,000
<b>PIHP Expenditures</b>	<b>3,689,830</b>	<b>2,703,022</b>	<b>3,187,652</b>	<b>3,209,977</b>
<b>PIHP Total</b>	<b>(469,919)</b>	<b>(85,659)</b>	<b>(355,627)</b>	<b>(1,119,977)</b>
<b>Organization Total</b>	<b>487,837</b>	<b>1,888,917</b>	<b>19,635,773</b>	<b>6,147,664</b>
Totals				
Revenue	250,692,025	213,322,103	275,946,476	277,566,354
Expenses	250,204,188	211,433,186	256,310,704	271,930,784
Net	487,837	1,888,917	19,635,773	5,635,570

**FY2024 CMHPSM Budget Summary by Category**

Type	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD	FY2024 Grants	FY2024 Total Budget
Revenue	Medicaid	142,821,017		123,893,376	3,213,686		127,107,062
	Waivers	55,360,075		60,344,963			60,344,963
	Healthy Michigan	32,000,395		14,449,098	8,101,577		22,550,675
	Health Homes	1,550,497		739,375	850,000		1,589,375
	CCBHC	9,894,974		29,292,929			29,292,929
	Medicaid/HMP Carry Forward	14,595,200		15,000,000			15,000,000
	Incentives	2,002,000	1,890,000				1,890,000
	PA2	1,824,000			2,913,518		2,913,518
	Local Match	621,860					-
	ARPA Grants	508,917				1,124,060	1,124,060
	Block Grants	1,851,166				4,515,251	4,515,251
	COVID Grants	1,505,862				1,748,285	1,748,285
	SOR Grants	4,475,694				3,890,236	3,890,236
	HRA Passthrough	5,333,328		5,400,000			5,400,000
Interest and Other	382,265	200,000				200,000	
<b>Revenue Total</b>		<b>274,727,249</b>	<b>2,090,000</b>	<b>249,119,741</b>	<b>15,078,781</b>	<b>11,277,832</b>	<b>277,566,355</b>

Type	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD	FY2024 Grants	FY2024 Total Budget
Service Expense	Lenawee Medicaid/HMP Services	27,842,729		28,085,199	1,236,478		29,321,677
	Livingston Medicaid/HMP Services	44,638,616		43,298,939	2,472,957		45,771,896
	Monroe Medicaid/HMP Services	44,735,422		37,976,786	2,472,957		40,449,743
	Washtenaw Medicaid/HMP Services	107,086,040		94,548,551	6,182,392		100,730,943
	DHIP	335,486					-
	PA2	1,550,148			2,913,518		2,913,518
	Grants	7,637,382			(432,333)	10,604,156	10,171,823
	CCBHC	7,988,123		29,000,000			29,000,000
	IPA Taxes	2,255,467		2,481,014			2,481,014
	Health Homes	1,171,429		591,500	680,000		1,271,500
	Local Match	621,860					-
	HRA Payments	5,333,328		5,400,000			5,400,000
<b>Service Expense Total</b>		<b>251,196,031</b>		<b>241,381,989</b>	<b>15,525,970</b>	<b>10,604,156</b>	<b>267,512,114</b>

Type	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD	FY2024 Grants	FY2024 Total Budget
Administration	Salaries and Wages	2,143,810	1,410,739		496,397	409,031	2,316,167
	Fringe Benefits	628,024	458,490		161,329	132,935	752,754
	Employee Expenses	75,543	79,500			6,000	85,500
	Office Expenses	54,989	62,500			3,000	65,500
	Legal/Banking/Insurance/Audit	50,657	95,000				95,000
	Contracts/Consulting	248,666	378,600				378,600
	Health Records System	486,900	486,900				486,900
	IT Hardware/Software	66,506	96,000				96,000
	Occupancy	134,483	139,248				139,248
	Board Expenses	3,000	3,000				3,000
	<b>Administration Total</b>	<b>3,892,578</b>	<b>3,209,977</b>		<b>657,726</b>	<b>550,966</b>	<b>4,418,669</b>

	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD	FY2024 Grants	FY2024 Total Budget
<b>Grand Total</b>	<b>19,638,640</b>	<b>(1,119,977)</b>	<b>7,737,753</b>	<b>(1,104,914)</b>	<b>122,710</b>	<b>5,635,571</b>

## FY2024 Proposed Budget Detail

Category	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD Services	FY2024 Grants	FY2024 Budget
Revenue Detail							
Medicaid	Medicaid	122,405,679		107,997,452			107,997,452
	Medicaid Autism	15,906,007		15,895,924			15,895,924
	Medicaid DHS Incentive	355,288					-
	Medicaid Substance Abuse	4,154,043			3,213,686		3,213,686
Medicaid Total		142,821,017		123,893,376	3,213,686		127,107,062
Waiver	Medicaid HSW	52,992,574		60,344,963			60,344,963
	MCAID Children's Waiver	1,922,228					-
	MCAID SED Waiver	445,273					-
Waiver Total		55,360,075		60,344,963			60,344,963
Healthy Michigan	Healthy Michigan Revenue	20,818,399		14,449,098			14,449,098
	Healthy Michigan - SUD	11,164,148			8,101,577		8,101,577
	HMP Autism	17,847					-
Healthy Michigan Total		32,000,395		14,449,098	8,101,577		22,550,675
Health Homes	Opioid Health Home	809,164			850,000		850,000
	Behavioral Health Home	741,333		739,375			739,375
Health Homes Total		1,550,497		739,375	850,000		1,589,375
CCBHC	CCBHC	9,335,885		29,292,929			29,292,929
	CCBHC Non Medicaid	559,089					-
CCBHC Total		9,894,974		29,292,929			29,292,929
Medicaid/HMP Carry Forward		14,595,200		15,000,000			15,000,000
Incentives	PBIP MCAID/HMP	2,002,000	1,890,000				1,890,000
PA2	PA2 (Liquor Tax) Revenue	1,824,000			1,824,000		1,824,000
	PA2 Reserve	-			1,089,518		1,089,518
PA2 Total		1,824,000			2,913,518		2,913,518
Local Match	Local Match	621,860					-
ARPA Grants	ARPA Admin	83,333				100,000	100,000
	ARPA Prevention	128,209				880,000	880,000
	ARPA WSS					500,000	500,000
	ARPA Treatment	297,375				144,060	144,060
ARPA Grants Total		508,917				1,624,060	1,624,060
Block Grants	Block Grants	185,719				2,443,070	2,443,070
	Prevention Block Grant	811,548				823,107	823,107
	WSS	546,475				350,489	350,489
	SUD Admin Grant	288,920				271,452	271,452
	SUD SDA	18,504				127,133	127,133
Block Grants Total		1,851,166				4,015,251	4,015,251
COVID Grants	CSUGS Admin Grant	66,667				50,000	50,000
	CSUGS Prevention	151,988				157,958	157,958
	CSUGS Treatment	1,150,201				1,443,795	1,443,795
	CSUGS WSS	137,006				96,532	96,532
COVID Grants Total		1,505,862				1,748,285	1,748,285
SOR/Block Grants	SUD Federal Agreement	4,475,694				3,890,236	3,890,236
HRA Passthrough	HRA MCAID Revenue	2,767,072		2,800,000			2,800,000
	HRA HMP Revenue	2,566,256		2,600,000			2,600,000
HRA Passthrough Total		5,333,328		5,400,000			5,400,000
Interest and Other Total		382,265	200,000				200,000
Revenue Total		274,727,249	2,090,000	249,119,741	15,078,781	11,277,832	277,566,355

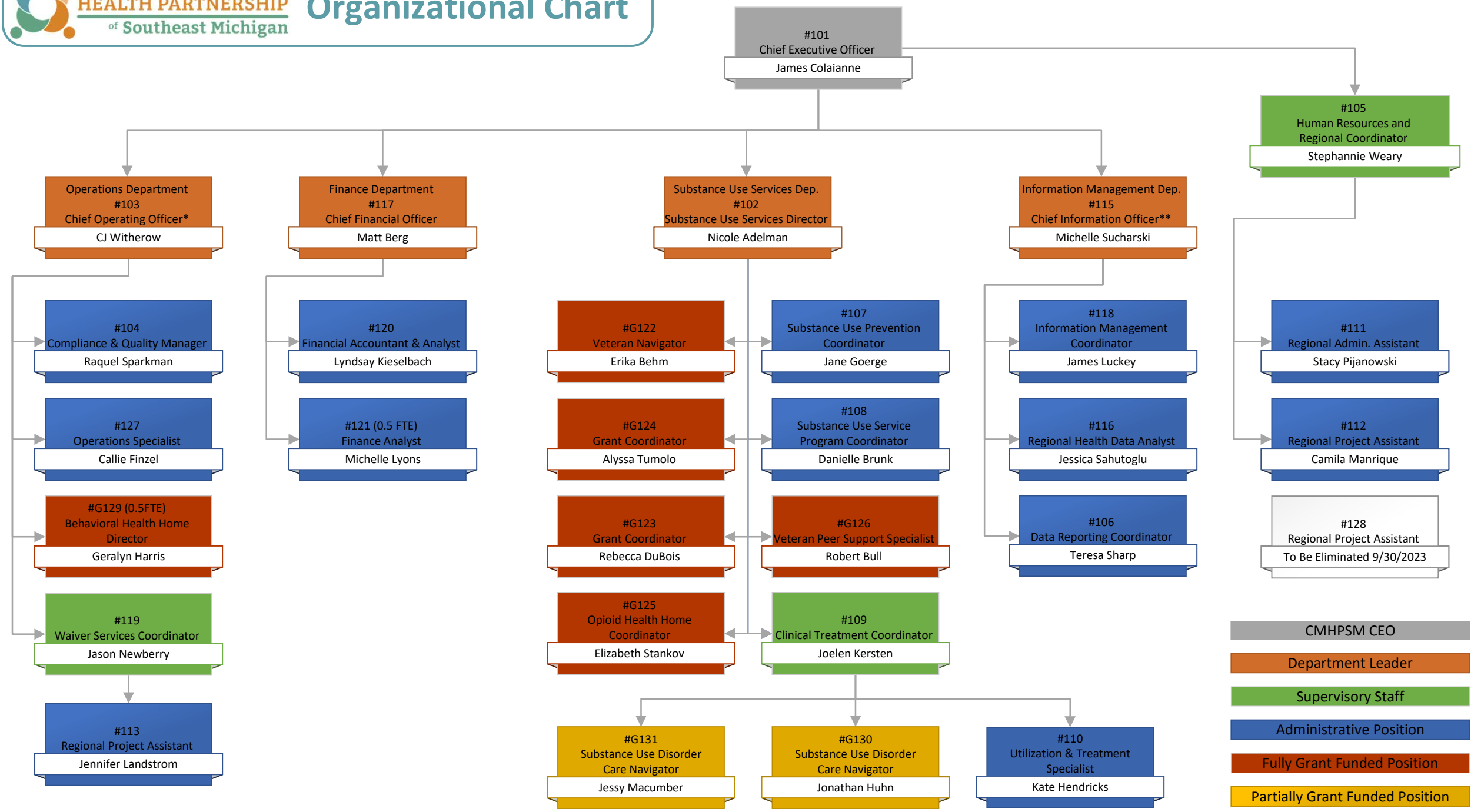


FY2024 Proposed Budget Detail

Category	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD Services	FY2024 Grants	FY2024 Budget
<b>Service Expenditure Detail</b>							
Lenawee Medicaid/HMP	Medicaid	27,842,729		28,085,199	1,236,478		<b>29,321,677</b>
Livingston Medicaid/HMP	Medicaid	44,638,616		43,298,939	2,472,957		<b>45,771,896</b>
Monroe Medicaid/HMP	Medicaid	44,735,422		37,976,786	2,472,957		<b>40,449,743</b>
Washtenaw Medicaid/HMP	Medicaid	107,086,040		94,548,551	6,182,392		<b>100,730,943</b>
DHIP Total		335,486					-
PA2	PA2 Expense Treatment	1,030,497			2,381,478		<b>2,381,478</b>
	PA2 Expense Prevention	519,651			532,040		<b>532,040</b>
<b>PA2 Total</b>		<b>1,550,148</b>			<b>2,913,518</b>		<b>2,913,518</b>
<b>Grants</b>							
	Block Grant	2,067,304				2,443,070	<b>2,443,070</b>
	WSS	558,671				850,489	<b>850,489</b>
	CSUGS Treatment	1,261,582				1,443,795	<b>1,443,795</b>
	CSUGS WSS	142,039				96,532	<b>96,532</b>
	ARPA Treatment	392,519				880,000	<b>880,000</b>
	Engagement Center	472,238					-
	ODU Wrap	86,395					-
	Project Assert	62,881					-
	RAW	59,932					-
	State Disability Assistance	27,572				127,133	<b>127,133</b>
	GPRA Incentives	1,224					-
	Jail Based MAT	612,398					-
	ODU Recovery Housing	192,038					-
	ODU Recovery Services	424,061					-
	ODU Treatment	149,931					-
	Outpatient Peers	79,917					-
	Prevention	772,025				823,107	<b>823,107</b>
	Media Campaign	110,152					-
	Gambling Prevention	300				140,533	<b>140,533</b>
	OEND & Harm Reduction	128,488					-
	Youth & Family Prevention	7,556				3,363,164	<b>3,363,164</b>
	Tobacco	203				4,000	<b>4,000</b>
	Coalition	27,952					-
	Grant Administration	0			(432,333)	432,333	-
<b>Grants Total</b>		<b>7,637,382</b>			<b>(432,333)</b>	<b>10,604,156</b>	<b>10,171,823</b>
CCBHC	CCBHC Expense	7,988,123		29,000,000			<b>29,000,000</b>
IPA Taxes	IPA MCAID	2,031,950		2,235,145			<b>2,235,145</b>
	IPA HMP	223,517		245,869			<b>245,869</b>
<b>IPA Taxes Total</b>		<b>2,255,467</b>		<b>2,481,014</b>			<b>2,481,014</b>
Health Homes	Opioid Health Home	588,501			680,000		<b>680,000</b>
	Behavioral Health Home	565,339		591,500			<b>591,500</b>
	Performance Based Incentives	17,589					-
<b>Health Homes Total</b>		<b>1,171,429</b>		<b>591,500</b>	<b>680,000</b>		<b>1,271,500</b>
Local Match	Local Match - Medicaid	621,860					-
HRA Payments	Hospital Rate Adjuster	2,767,072		2,800,000			<b>2,800,000</b>
	HRA HMP	2,566,256		2,600,000			<b>2,600,000</b>
<b>HRA Payments Total</b>		<b>5,333,328</b>		<b>5,400,000</b>			<b>5,400,000</b>
<b>Service Expenditures Total</b>		<b>251,196,031</b>		<b>241,381,989</b>	<b>15,525,970</b>	<b>10,604,156</b>	<b>267,512,114</b>

FY2024 Proposed Budget Detail

Category	Description	Projected FYE2023	FY2024 Admin	FY2024 MH/IDD	FY2024 SUD Services	FY2024 Grants	FY2024 Budget
Administrative Expenditures							
Salaries and Wages	Salaries and Wages	2,143,810	1,410,739		496,397	409,031	<b>2,316,167</b>
Fringe Benefits	HSA	7,700					-
	Payroll Taxes	171,492					-
	Medical Insurance	264,836	458,490		161,329	132,935	<b>752,754</b>
	Dental Insurance	36,685					-
	Vision Insurance	3,979					-
	Life/Disability Insurance	31,465					-
	Retirement	111,868					-
<b>Fringe Benefits Total</b>		<b>628,024</b>	<b>458,490</b>		<b>161,329</b>	<b>132,935</b>	<b>752,754</b>
Employee Expenses	Conferences	12,563	22,000				<b>22,000</b>
	Employee Travel	7,186				6,000	<b>6,000</b>
	Employee Development	53,445	55,000				<b>55,000</b>
	Recruitment	2,349	2,500				<b>2,500</b>
<b>Employee Expenses Total</b>		<b>75,543</b>	<b>79,500</b>			<b>6,000</b>	<b>85,500</b>
Office Expenses	Operating Supplies	14,401	20,000				<b>20,000</b>
	Postage	433	750				<b>750</b>
	Printers/Fax Machines	1,134	1,500				<b>1,500</b>
	Printing and Binding	-	750				<b>750</b>
	Repair/Maint--Equipment	-	1,000				<b>1,000</b>
	Subscriptions and Dues	14,601	16,000				<b>16,000</b>
	Telephone	24,419	22,500			3,000	<b>25,500</b>
<b>Office Expenses Total</b>		<b>54,989</b>	<b>62,500</b>			<b>3,000</b>	<b>65,500</b>
Legal/Banking/Insurance/Audit	Bank Charges						-
	Audits	32,506	35,000				<b>35,000</b>
	Insurance Premiums	17,009	20,000				<b>20,000</b>
	Legal Fees	1,142	40,000				<b>40,000</b>
<b>Legal/Banking/Insurance/Audit Total</b>		<b>50,657</b>	<b>95,000</b>				<b>95,000</b>
Contracts/Consulting	Consulting/Contractors	184,386	378,100				<b>378,100</b>
	Miscellaneous	64,281	500				<b>500</b>
<b>Contracts/Consulting Total</b>		<b>248,666</b>	<b>378,600</b>				<b>378,600</b>
Health Records System		486,900	486,900				<b>486,900</b>
IT Hardware/Software	Computer Hardware	26,123	26,000				<b>26,000</b>
	Computer Software	40,384	70,000				<b>70,000</b>
<b>IT Hardware/Software Total</b>		<b>66,506</b>	<b>96,000</b>				<b>96,000</b>
Occupancy	Office Space	129,983	133,748				<b>133,748</b>
	Utilities	4,500	5,500				<b>5,500</b>
<b>Occupancy Total</b>		<b>134,483</b>	<b>139,248</b>				<b>139,248</b>
Board Expenses	Committee Per Diem	3,000	3,000				<b>3,000</b>
<b>Administrative Expenditures Total</b>		<b>3,892,578</b>	<b>3,209,977</b>		<b>657,726</b>	<b>550,966</b>	<b>4,418,669</b>
<b>Grand Total</b>		<b>19,638,640</b>	<b>(1,119,977)</b>	<b>7,737,753</b>	<b>(1,104,914)</b>	<b>122,710</b>	<b>5,635,571</b>



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

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

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, QAIP, and Due Process/Appeals.	E	Operations - Department Leader
104	Compliance and Quality Manager	1.0	Oversight for Delegated Functions in Quality/Compliance/Utilization Review 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.	C / 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	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	Utilization and Treatment Specialist	1.0	Provides consultation to external SUD treatment provider staff. Plans/coordinates follow-up or aftercare programs for consumers. Reviews and analyzes utilization of resources by the SUD provider network for treatment effectiveness.	C	Substance Use Services
111	Regional Administrative Assistant	1.0	Supports Regional Committees, Processes Credentialing Applications, assists Regional Coordinator in large projects.	A - Hourly	CEO
112	Regional Project Assistant	1.0	This position assists with various operations tasks within multiple departments maintaining information related to service delivery, waiver enrollment, provider credentials. The position also supports regional committees and meeting documentation.	A	CEO
113	Regional Project Assistant	1.0	This position assists with various operations tasks within multiple departments maintaining information related to service delivery, waiver enrollment, provider credentials. The position also supports regional committees and meeting documentation.	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 Habilitation Supports Waiver, Autism, HCBS Waiver and subsequent site audits, represents the CMHPSM at waiver coordination activities with MDHHS, may audit clinical records as appropriate to waiver services. Oversees SIS Program.	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	Operations Specialist	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.	B	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	Grants Project 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.	B	Substance Use Services
G124	Grants Project 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.	B	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

FY2023 Budgeted Positions Eliminated for FY2024

ID#(s)	Job Title	FTE	Functions	Salary Tier	CMHPSM Department
114	SIS Quality Lead	1.0	This professional level position is responsible to ensure that all Supports Intensity Scale (SIS) assessors meet AAIDD quality and reliability standards and allow the completion of assessments within the required timeframes.	B	Operations
128	Regional Project Assistant	1.0	This position assists with various operations tasks within multiple departments maintaining information related to service delivery, waiver enrollment, provider credentials. The position also supports regional committees and meeting documentation.	A	CEO

**Community Mental Health Partnership of Southeast Michigan  
Employee Salary Schedule**

**Proposed Effective 10/2/2023**

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
A	Salary	\$42,040.00	\$45,419.00	\$46,924.00	\$48,428.00	\$50,557.00	\$52,686.00	\$54,815.00	\$56,944.00	\$59,073.00
A	Hourly	\$20.21	\$21.84	\$22.56	\$23.28	\$24.31	\$25.33	\$26.35	\$27.38	\$28.40
B	Salary	\$55,340.00	\$58,265.00	\$61,217.00	\$64,141.00	\$67,065.00	\$69,991.00	\$72,915.00	\$75,839.00	\$78,763.00
B	Hourly	\$26.61	\$28.01	\$29.43	\$30.84	\$32.24	\$33.65	\$35.06	\$36.46	\$37.87
C	Salary	\$58,654.00	\$61,941.00	\$65,256.00	\$68,541.00	\$71,856.00	\$75,143.00	\$78,457.00	\$81,771.00	\$85,057.00
C	Hourly	\$28.20	\$29.78	\$31.37	\$32.95	\$34.55	\$36.13	\$37.72	\$39.31	\$40.89
D	Salary	\$66,871.00	\$70,909.00	\$74,948.00	\$78,986.00	\$83,024.00	\$87,063.00	\$91,101.00	\$95,140.00	\$99,178.00
D	Hourly	\$32.15	\$34.09	\$36.03	\$37.97	\$39.92	\$41.86	\$43.80	\$45.74	\$47.68
E	Salary	\$83,581.00	\$88,177.00	\$92,772.00	\$97,368.00	\$101,963.00	\$106,559.00	\$111,182.00	\$115,777.00	\$120,373.00
E	Hourly	\$40.18	\$42.39	\$44.60	\$46.81	\$49.02	\$51.23	\$53.45	\$55.66	\$57.87

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.

**Effective 10/1/2022-9/30/2023**

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
A	Salary	\$40,816.00	\$44,096.00	\$45,557.00	\$47,017.00	\$49,084.00	\$51,151.00	\$53,218.00	\$55,285.00	\$57,352.00
A	Hourly	\$19.62	\$21.20	\$21.90	\$22.60	\$23.60	\$24.59	\$25.59	\$26.58	\$27.57
B	Salary	\$53,728.00	\$56,568.00	\$59,434.00	\$62,273.00	\$65,112.00	\$67,952.00	\$70,791.00	\$73,630.00	\$76,469.00
B	Hourly	\$25.83	\$27.20	\$28.57	\$29.94	\$31.30	\$32.67	\$34.03	\$35.40	\$36.76
C	Salary	\$56,946.00	\$60,137.00	\$63,355.00	\$66,545.00	\$69,763.00	\$72,954.00	\$76,172.00	\$79,389.00	\$82,580.00
C	Hourly	\$27.38	\$28.91	\$30.46	\$31.99	\$33.54	\$35.07	\$36.62	\$38.17	\$39.70
D	Salary	\$64,923.00	\$68,844.00	\$72,765.00	\$76,685.00	\$80,606.00	\$84,527.00	\$88,448.00	\$92,369.00	\$96,289.00
D	Hourly	\$31.21	\$33.10	\$34.98	\$36.87	\$38.75	\$40.64	\$42.52	\$44.41	\$46.29
E	Salary	\$81,147.00	\$85,609.00	\$90,070.00	\$94,532.00	\$98,993.00	\$103,455.00	\$107,944.00	\$112,405.00	\$116,867.00
E	Hourly	\$39.01	\$41.16	\$43.30	\$45.45	\$47.59	\$49.74	\$51.90	\$54.04	\$56.19





## Regional Board Action Request – FY2024 Budget

Board Meeting Date: September 13, 2023

Action Requested: Approve the FY2024 budget and allocations as presented.

Background: The FY2024 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 FY2024 annual budget and 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

**CMHPSM FY2024 Budgeted Contracts****Administrative Contracts / Letters of Engagement / Vendor**

<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>FY2023 DNE, and/or Rates</b>	<b>FY2024 DNE, and/or Rates</b>
Boardwalk LLC	Lease for 3005 Boardwalk \$10,608.89/month	10/1/2023- 9/30/2024	\$133,748 + Utilities	\$133,748 + Utilities
Centria	Private Duty Nursing (PDN) Assessment Services	10/1/2023- 9/30/2024	\$75.00 / hr.	\$75.00/hr.
Cohl, Stoker & Toskey	Attorney Services Retainer (No cost retainer all services billed hourly)	10/1/2023- 9/30/2024	\$ 225 / hr.	\$225/hr.
Dickinson Wright	Attorney and Legal Services billed on hourly utilization basis.	10/1/2023- 9/30/2024	\$10,000 retainer	Hourly Utilization
Fuse Technology	Information Technology Systems services	10/1/2023- 9/30/2024	\$19,796 / yr.	\$19,796 / yr.
Great Lakes Health Connect	VIPR Health Data Exchange Platform for PIHP regional data sharing.	10/1/2023- 9/30/2024	\$ 1,200 / mo.	\$ 1,200 / mo.
Milliman	DRIVE User Fee	10/1/2023- 9/30/2024	\$1,000 / yr.	\$1,000/yr.
Paychex	Human Resources / Payroll	10/1/2023- 9/30/2024	\$44.64/ employee per payroll	\$44.64/ employee per payroll
PCE Systems	CRCT Electronic Health Record	10/1/2023- 9/30/2024	\$ 486,900	\$ 486,900
Roslund, Prestage & Company	Audit Services and hourly technical assistance consulting when necessary. While the RFP was regional, this cost is the PIHP's portion for a finance, compliance and single audit.	10/1/2023- 9/30/2024	\$30,825 + \$275/hr. technical assistance	\$31,700 + \$275/hr. technical assistance

**CMHSP Medicaid and Other Funding**

Contractor	Contract Description	Term	Cost Settled Funding
Lenawee CMH	Master CMHSP	10/1/2023-9/30/2024	Per Funding Budget
Livingston CMH	Master CMHSP	10/1/2023-9/30/2024	Per Funding Budget
Monroe CMH	Master CMHSP	10/1/2023-9/30/2024	Per Funding Budget
Washtenaw County	Master CMHSP	10/1/2023-9/30/2024	Per Funding Budget
Lenawee CMH	Project & Sub Grant	10/1/2023-9/30/2024	Expense and Revenue
Livingston CMH	Project & Sub Grant	10/1/2023-9/30/2024	Expense and Revenue
Monroe CMH	Project & Sub Grant	10/1/2023-9/30/2024	Expense and Revenue
Washtenaw County	Project & Sub Grant	10/1/2023-9/30/2024	Expense and Revenue

**MDHHS / PIHP Revenue Contract**

Revenue Source	Revenue Amount	Term
MDHHS/PIHP Contract	Per Revenue Budget	10/1/2023-9/30/2024
EGRAMS Grants (MDHHS State Opioid Response III (SOR III) Grant, SUD Administration, Community Grant, COVID Block Grant, 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	10/1/2023-9/30/2024

**Other Revenue**

Contractor	Description	Revenue Amount	Term
Washtenaw County	PA2 Funding to CMHPSM	Per Tax Receipts and Revenue Budget	10/1/2023-9/30/2024

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

Contractor	Description	Term	FY2023 Funding	FY2024 Funding
Lenawee CMH	SUD Core Provider (Cost Settled)	10/1/2023-9/30/2024	\$ 1,630,268	\$1,772,112
Livingston CMH	SUD Core Provider (Cost Settled)	10/1/2023-9/30/2024	\$ 1,157,271	\$1,253,328

**SUD Project Contracts**

Fund source will be determined between: Public Act 2 (PA2), Substance Abuse Block Grant (SABG), COVID Block Grant, American Rescue Plan Act (ARPA) or State Opioid Response III (SOR) 3.

County	Contractor	Description	Term	Previous FY2023 / Do Not Exceed Funding	Total FY2024 / Do Not Exceed Funding
Lenawee	Lenawee CMHSP	Drug Court Peer Recovery Support	10/1/2023-9/30/2024	\$35,626	\$35,626
Lenawee	Lenawee CMHSP	Pathways Engagement Center	10/1/2023-9/30/2024	\$519,974	\$519,974
Lenawee	Lenawee CMHSP	Jail Based MAT	10/1/2023-9/30/2024	\$74,800	\$74,800
Lenawee	Lenawee CMHSP	Overdose Education and Naloxone Distribution	10/1/2023-9/30/2024	\$16,500	\$16,500
Lenawee	Lenawee CMHA	MI Partnership to Advance Coalitions (MI PAC)	10/1/2023-9/30/2024	\$18,450	\$18,450
Livingston	Livingston County Catholic Charities & Livingston Community Prevention Project	Prevention Services- Project Success, Youth Led Prevention, CMCA, CBSG	10/1/2023-9/30/2024	\$420,392	\$420,392
Livingston	Livingston CMH	Stepping Stones Engagement Center	10/1/2023-9/30/2024	\$606,031	\$605,657
Livingston	Livingston CMH	Blended Funding - Wraparound	10/1/2023-9/30/2024	\$40,000	\$40,000
Livingston	Livingston CMH	Epidemiologist (with Health Department)	10/1/2023-9/30/2024	\$35,000	\$35,000
Livingston	Livingston CMH	Overdose Education and Naloxone Distribution	10/1/2023-9/30/2024	\$9,500	\$9,500
Livingston	Livingston CMH	Project ASSERT	10/1/2023-9/30/2024	\$92,858	\$92,858
Livingston	Recovery Advocates in Livingston	Recovery Community Organization	10/1/2023-9/30/2024	\$101,000	\$101,000
Livingston	Recovery Advocates in Livingston	Recovery Housing	10/1/2023-9/30/2024	\$48,893	\$48,893
Livingston	Livingston County Catholic Charities	MI Partnership to Advance Coalitions (MI PAC)	10/1/2023-9/30/2024	\$18,450	18,450
Lenawee and Monroe	Family Medical Center	OHH (Non-Medicaid Funding)	10/1/2023-9/30/2024	\$75,000	\$48,750

<b>County</b>	<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>Previous FY2023 / Do Not Exceed Funding</b>	<b>Total FY2024 / Do Not Exceed Funding</b>
Livingston, Monroe, and Washtenaw	Therapeutics	OHH (Non-Medicaid Funding)	10/1/2023-9/30/2024	\$75,000	\$56,250
Monroe	Catholic Charities of SE Michigan	St. Joseph Center of Hope – Engagement Center	10/1/2023-9/30/2024	\$652,935	\$652,935
Monroe	Catholic Charities of SE Michigan	Recovery Support Services	10/1/2023-9/30/2024	\$125,000	\$125,000
Monroe	Catholic Charities of SE Michigan	Prevention Services - Student Prevention Leadership Teams	10/1/2023-9/30/2024	\$139,772	\$139,772
Monroe	Catholic Charities of SE Michigan	Overdose Education and Naloxone Distribution	10/1/2023-9/30/2024	\$6,800	\$6,800
Monroe	Catholic Charities of SE Michigan	Project ASSERT	10/1/2023-9/30/2024	\$50,000	\$50,000
Monroe	Recovery Advocacy Warriors	Recovery Community Organization	10/1/2023-9/30/2024	\$150,500	\$150,500
Monroe	Jefferson School District	Student Assistance Program – Catch My Breath/Vaping Stops Here	10/1/2023-9/30/2024	\$50,000	\$50,000
Monroe	Monroe CMHA	Jail Based MAT/MOUD	10/1/2023-9/30/2024	\$382,000	\$382,000
Monroe	Monroe Community Opportunity Program	Adolescent Community Center	10/1/2023-9/30/2024	\$100,000	\$350,000
Monroe	Monroe County Intermediate School District	Prevention Services – Nurturing Parents as Teachers	10/1/2023-9/30/2024	\$117,469	\$84,076
Monroe	Women Empowering Women	Recovery Housing	10/1/2023-9/30/2024	\$97,470	\$97,470
Monroe	Women Empowering Women	Recovery Support Services	10/1/2023-9/30/2024	\$72,540	\$72,540

<b>County</b>	<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>Previous FY2023 / Do Not Exceed Funding</b>	<b>Total FY2024 / Do Not Exceed Funding</b>
Monroe	Women Empowering Women	Prevention – Celebrating Families	10/1/2023-9/30/2024	\$11,592	\$11,592
Monroe	Ty's House	Recovery Housing	10/1/2023-9/30/2024	\$70,000	\$70,000
Monroe	United Way of Monroe County	Prevention Coalition Services	10/1/2023-9/30/2024	\$85,000	\$85,000
Monroe	United Way of Monroe and Lenawee Counties	MI Partnership to Advance Coalitions (MI PAC)	10/1/2023-9/30/2024	\$18,450	18,450
Monroe	Monroe Community Opportunity Program	Anchor Institutions	10/1/2023-9/30/2024	\$25,000	\$25,000
Monroe	Passion of Mind	OHH (Non-Medicaid Funding)	10/1/2023-9/30/2024	\$100,000	\$56,250
Washtenaw	Avalon Housing	Harm Reduction & Integrated Care	10/1/2023-9/30/2024	\$172,800	\$172,800
Washtenaw	Avalon Housing	SUD Health Home	10/1/2023-9/30/2024	\$150,000	\$150,000
Washtenaw	Ann Arbor Area Comprehensive Treatment Center	OHH (Non-Medicaid Funding)	10/1/2023-9/30/2024	N/A	\$45,000
Washtenaw	Catholic Social Services of Washtenaw	Prevention Services – CAGE Screenings and Get Connected	10/1/2023-9/30/2024	\$76,546	\$76,546
Washtenaw	Dawn Farm	Recovery Supports - Engaging Individuals with OUD	10/1/2023-9/30/2024	\$91,800	\$91,800
Washtenaw	Dawn Farm	Recovery Housing	10/1/2023-9/30/2024	\$38,800	\$38,880
Washtenaw	Dawn Farm	Recovery Support Services	10/1/2023-9/30/2024	\$150,000	\$150,000
Washtenaw	Dawn Farm	Recovery Court Peer Specialist	10/1/2023-9/30/2024	\$45,000	\$45,000
Washtenaw	Eastern Michigan University	Prevention - Prime for Life	10/1/2023-9/30/2024	\$90,000	\$90,000

<b>County</b>	<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>Previous FY2023 / Do Not Exceed Funding</b>	<b>Total FY2024 / Do Not Exceed Funding</b>
Washtenaw	Eastern Michigan University	Prevention Theatre Collaborative – Botvins Transitions	10/1/2023-9/30/2024	\$73,226	\$73,226
Washtenaw	EMU	Botvins Life Skills	10/1/2023-9/30/2024	\$50,000	\$49,999
Washtenaw	Home of New Vision	Recovery Opioid Outreach Team (ROOT)	10/1/2023-9/30/2024	\$167,000	\$167,000
Washtenaw	Home of New Vision	MAT/MOUD Recovery Housing	10/1/2023-9/30/2024	\$157,680	\$78,840
Washtenaw	Home of New Vision	Recovery Support Services	10/1/2023-9/30/2024	\$150,000	\$150,000
Washtenaw	Home of New Vision	Peers in Recovery Homes	10/1/2023-9/30/2024	\$120,000	\$167,011
Washtenaw	Home of New Vision	Project ASSERT	10/1/2023-9/30/2024	\$130,000	\$130,000
Washtenaw	Home of New Vision	Engagement Center	10/1/2023-9/30/2024	\$474,990	\$474,990
Washtenaw	Home of New Vision	Recovery Community Organization - WRAP	10/1/2023-9/30/2024	\$150,000	\$150,000
Washtenaw	Marie's House of Serenity	Recovery Housing	10/1/2023-9/30/2024	\$48,600	\$48,600
Washtenaw	Ozone House Inc.	The Engagement Program	10/1/2023-9/30/2024	\$205,514	\$205,514
Washtenaw	Packard Health Clinic	OHH (Non-Medicaid Funding)	10/1/2023-9/30/2024	\$75,000	\$56,250
Washtenaw	St. Joseph Mercy Chelsea	Prevention Services – Project Success	10/1/2023-9/30/2024	\$166,935	\$229,401
Washtenaw	Therapeutics	Jail-Based MAT/MOUD	10/1/2023-9/30/2024	\$188,200	188,200
Washtenaw	Washtenaw County (Health Department)	MI Partnership to Advance Coalitions (MI PAC)	10/1/2023-9/30/2024	\$30,000	\$30,000
Washtenaw	Mexiquenses Unidos de Michigan	Anchor Institutions	10/1/2023-9/30/2024	\$25,000	\$25,000
Regional	Unified – HIV Health & Beyond	Community Outreach and Harm Reduction	10/1/2023-9/30/2024	\$200,000	\$200,000
Regional	Unified – HIV Health & Beyond	OUD/Stimulant Use Disorder Recovery	10/1/2023-9/30/2024	\$123,000	\$123,000

<b>County</b>	<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>Previous FY2023 / Do Not Exceed Funding</b>	<b>Total FY2024 / Do Not Exceed Funding</b>
Regional	Unified – HIV Health & Beyond	Overdose Education and Naloxone Distribution	10/1/2023-9/30/2024	\$10,000	\$10,000
Regional	Washtenaw County (Health Department)	Media Campaign	10/1/2023-3/14/2024	\$100,000	\$22,958
Regional	Karen Bergbower & Associates	Synar/ DYTUR Prevention	10/1/2023-9/30/2024	\$136,937	\$136,937
Regional	Karen Bergbower & Associates	Tobacco/ENDS	10/1/2023-9/30/2024	\$4,000	\$4,000
Regional	Workit Health	Telehealth Opioid Use Disorder/Stimulant Use Disorder Treatment	10/1/2023-9/30/2024	\$181,460	\$181,460
Regional	University of Michigan	Overdose Education and Naloxone Distribution	10/1/2023-9/30/2024	\$150,000	\$150,000

Women’s Specialty Services Combined SABG WSS and COVID BG WSS and ARPA

<b>County</b>	<b>Contractor</b>	<b>Term</b>	<b>Total FY2023/DNE Funding</b>	<b>Total FY2024/DNE Funding</b>
Lenawee	Lenawee CMH	10/1/2023-9/30/2024	\$28,340	\$28,340
Livingston	Livingston CMH	10/1/2023-9/30/2024	\$140,800	\$140,800
Monroe	Catholic Charities of Southeast Michigan	10/1/2023-9/30/2024	\$219,920	\$219,920
Washtenaw	Home of New Vision	10/1/2023-9/30/2024	\$486,030	\$486,030



**Opioid Health Home (OHH) Contracts**

<b>Contractor</b>	<b>Description</b>	<b>Term</b>	<b>FY2022 DNE or N/A</b>	<b>FY2023 DNE or N/A</b>
Ann Arbor Area Comprehensive Treatment Center	Opioid Health Home	10/1/2023-9/30/2024	Per OHH Case Rate	Per OHH Case Rate
Family Medical Center	Opioid Health Home	10/1/2023-9/30/2024	Per OHH Case Rate	Per OHH Case Rate
Packard Health Clinic	Opioid Health Home	10/1/2023-9/30/2024	Per OHH Case Rate	Per OHH Case Rate
Passion of Mind	Opioid Health Home	10/1/2023-9/30/2024	Per OHH Case Rate	Per OHH Case Rate
Therapeutics	Opioid Health Home	10/1/2023-9/30/2024	Per OHH Case Rate	Per OHH Case Rate

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

<b>Current Medicaid Health Plan Coordination Agreements</b>
Aetna Health Plan
Blue Cross Complete
McLaren Health Plan
Meridian Health Plan
Molina Healthcare
UnitedHealthcare

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

**SUD Fee-For-Service Contracts**

<b>Contractor</b>	<b>FY2022-24 Term</b>
Ann Arbor Treatment Center - CRC Health	10/1/2022-9/30/2024
Bear River	10/1/2022-9/30/2024
Catholic Charities of SE Michigan	10/1/2022-9/30/2024
Dawn Inc	10/1/2022-9/30/2024
Flint Odyssey House Inc.	10/1/2022-9/30/2024
Hegira Programs Inc	10/1/2022-9/30/2024
Home of New Vision	10/1/2022-9/30/2024
Kalamazoo Probation Enhancement Program	10/1/2022-9/30/2024
Passion of Mind	10/1/2022-9/30/2024
Personalized Nursing Light House	10/1/2022-9/30/2024
Premier Services of MI DBA CRM	10/1/2022-9/30/2024
Sacred Heart	10/1/2022-9/30/2024
Salvation Army Harbor Light	10/1/2022-9/30/2024
Samaritas	10/1/2022-9/30/2024
Therapeutics, LLC.	10/1/2022-9/30/2024
Trinity Health – Greenbrook	10/1/2022-9/30/2024
Women Empowering Women	10/1/2022-9/30/2024

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

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2023-9/30/2024
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY23
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	✓	✓	✓	✓	-
H0005	UN UP UQ UR US	Alcohol & Drug Group Counseling by Clinician: U modifiers based on number of group attendees	Encounter	\$40.00	✓	✓	✓	✓	-

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2023-9/30/2024
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY23
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	✓	✓	✓	✓	-
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	✓	✓	✓	✓	\$8.00 increase due to FY2024 Premium Pay
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	✓	✓	✓	✓	\$8.00 increase due to FY2024 Premium Pay

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2023-9/30/2024
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY23
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	✓	✓	✓	✓	\$7.00 increase due to FY2024 Premium Pay
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	✓	✓	✓	✓	\$7.00 increase due to FY2024 Premium Pay
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	✓	✓	✓	✓	\$8.00 increase due to FY2024 Premium Pay
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	✓	✓	✓	✓	\$8.00 increase due to FY2024 Premium Pay
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	✓	✓	✓	✓	\$7.00 increase due to FY2024 Premium Pay

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2023-9/30/2024
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY23
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	✓	✓	✓	✓	\$7.00 increase due to FY2024 Premium Pay
H0018	HA	<b>Adolescent</b> 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	<b>Adolescent</b> 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	✓	✓	✓	✓	\$12.00
H0038		Recovery Coach/Peer Services	Per 15 mins	\$25.00	✓	✓	✓	✓	-
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

FY2024 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2023-9/30/2024
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY23
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	✓	✓	✓	✓	-

**indicates service code reimbursement includes \$3.60/hour Premium Pay (\$3.20/hour Employee Wage + \$0.40/hour Employer Expenses) for FY2024, FY2023 Premium Pay was (\$2.35/hour Employee Wage + \$0.29/hour Employer Expenses).**



## Regional Board Action Request – FY2024 Contracts

Board Meeting Date: September 13, 2023

Action Requested: Authorization for the CMHPSM CEO to sign the included FY2024 contracts.

Background: Expense contracts for FY2024 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





## FY2024 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
10/11/2023	Regional Board Officer Elections
12/13/2023	
2/14/2024	
4/10/2024	
6/12/2024	
8/14/2024	FY2025 Budget Preview
9/11/2024	FY2025 Budget Review

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.

# Community Mental Health Partnership of Southeast Michigan Employee Handbook



Revised:  
9/7/2023

## 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 [Regional Coordinator Human Resources and Regional Coordinator](#) also serve as a major source of information.

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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.

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## 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) [representatives-members](#) are appointed by each CMHSP Partner [in our Region](#). At least one (1) [appointee-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 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 [Regional Coordinator](#) [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 undue hardship on the CMHPSM's operations. If you wish to request such an accommodation, please speak to the [Regional Coordinator](#) [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 [Regional Coordinator](#) [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 ~~Regional Coordinator~~ [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 has been subjected to any such retaliation, he or she 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 [Regional Coordinator 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.

## 1-8 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 [Regional Coordinator, Human Resources and Regional Coordinator](#) of any changes. The employee also should inform the [Regional Coordinator, Human Resources and Regional Coordinator](#) of any specialized training or skills he or she 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 ~~Regional Coordinator~~ [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 ~~Regional Coordinator~~ [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. 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 ~~Regional Coordinator~~ [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. Effort 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 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 has 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 should immediately contact [Regional Coordinator 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 [Regional Coordinator 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 requests 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:

- 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 [Regional Coordinator](#) [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 Regional Coordinator](#) [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 ~~govern over~~ [supercede](#) 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 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.

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 1<sup>st</sup> 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 ~~and~~ is earned according to the following schedule:

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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 31<sup>st</sup> 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).

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

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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 [Regional Coordinator 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 ~~immediate~~-family\*. Employees shall be granted three (3) days of paid leave in cases when death has occurred in the ~~immediate~~ family. In cases of a death of ~~immediate family (a the employee's spouse, domestic partner, parent, sibling, and children of the employee, the employee's spouse, or the employee's 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 ~~n-immediate~~ 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, ~~immediate~~ family is defined as: ~~spouse, domestic partner, parent, brother, sister, child, stepchild, daughter-in-law, son-in-law,~~ 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 ~~Regional Coordinator~~[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 ~~Regional Coordinator~~[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 ~~Regional Coordinator~~[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 ~~Regional Coordinator~~[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 ~~Regional Coordinator~~[Human Resources and Regional Coordinator](#)

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[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 [Regional Coordinator](#)~~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 [Regional Coordinator](#)~~Human Resources and Regional Coordinator~~ is available to answer benefits plan questions and assist in enrollment as needed.

### 3-12 Domestic Partner Benefits

~~CMHPSM acknowledges the needs of a diverse workforce and fairness in providing benefits to our employees, their dependents, and their spouses and domestic partners.~~

~~Domestic partners are those individuals who meet the following criteria:~~

- ~~• At least 18 years old and mentally competent to consent to a contract.~~
- ~~• Not legally married to anyone.~~
- ~~• Not related by blood to a degree of closeness that would prohibit legal marriage in the State of Michigan.~~
- ~~• Have entered into the domestic partner relationship voluntarily and without reservation.~~
- ~~• Are jointly responsible for each other's common welfare and shared financial obligations.~~
- ~~• Intend to continue the domestic partner relationship indefinitely, with the understanding that the relationship can be terminated at any time by either partner.~~

~~Employees who wish to apply for domestic partner benefits must complete an Affidavit of Domestic Partnership. The original form will be kept in the Regional Coordinator's office. This original form will be kept on file indefinitely with CMHPSM and will be deemed effective until one of the following occurs:~~

- ~~• The employee changes the partner designation by completing a new Affidavit of~~

~~Domestic Partnership and returns the new form to CMHPSM.~~

- ~~• The employee requests removal of the document and completes an Affidavit of Termination of Domestic Partnership. Benefits coverage for the domestic partner and his or her dependents will terminate at the end of the month in which the relationship ended.~~

### **3-123 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.

### **3-134 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.

### 3-145 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%-6% of Employee Gross Salary	100%
Employee contributions beyond 6% of Employee Gross Salary earn no Employer match beyond 6%	0%

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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%
5%	+	5%	=	10%
6%	+	6%	=	12%
>6%	+	Maximum employer contribution 6% of employee gross salary.	=	Employee contribution + 6%

- Employee contribution may not exceed IRS retirement plan maximum annual contribution limits. Contact the [Regional Coordinator 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 ~~control~~ shall supercede 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 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.

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First Occurrence: Verbal warning and notation in personnel file  
Second Occurrence: Written warning, included in personnel file  
Third Occurrence: Three-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 [Regional Coordinator 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 [Regional Coordinator 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 the voice mail, 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

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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 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, Twitter, 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 good will 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 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 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 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 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**

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

## 5-24 References

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Community Mental Health Partnership of Southeast Michigan will respond to reference requests through the ~~Regional Coordinator~~ [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 [Regional Coordinator Human Resources and Regional Coordinator](#).

**Only the [Regional Coordinator Human Resources and Regional Coordinator](#) may provide references 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 is 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 is not entitled to accrued PTO days, unless required by law.

### Resignation

Should an employee decide to leave the CMHPSM, we ask that he or she 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 [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 months. 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 leave from a prior year or PTO leave 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, key fobs, etc.](#)

### 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 Regional Coordinator](#) or [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 [Regional Coordinator](#) or [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 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 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 [Regional Coordinator](#), [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

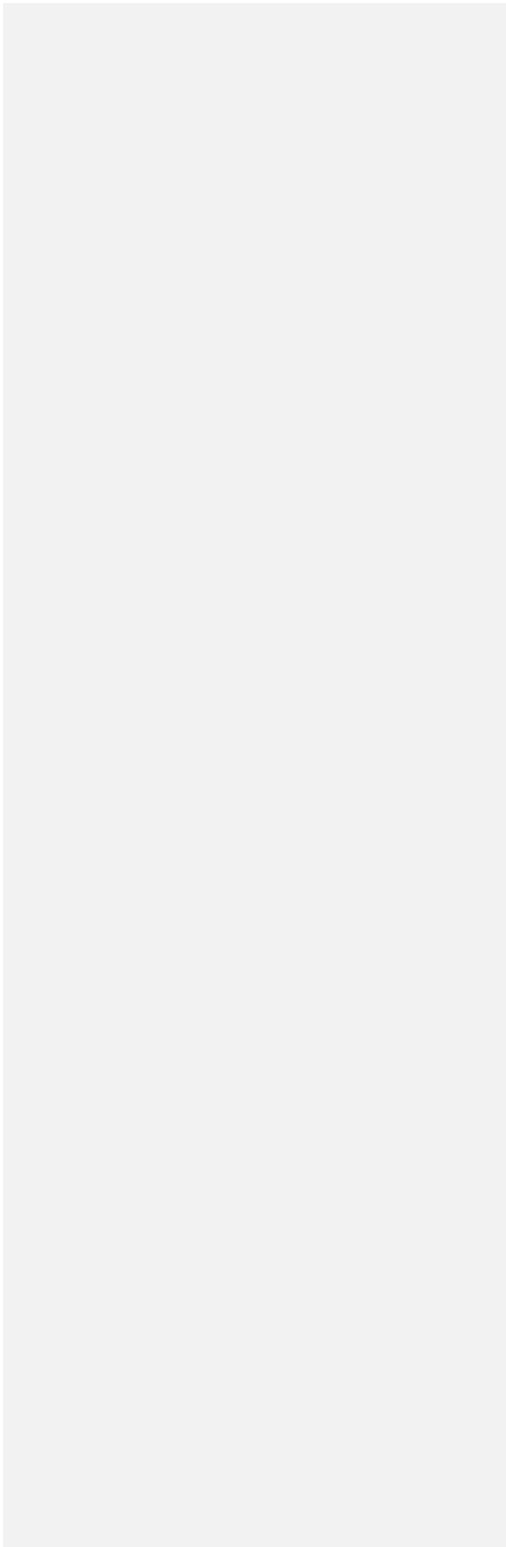
An employee who is a victim or victim's representative, called to serve as a witness in a judicial proceeding, must notify his/her supervisor as soon as possible.

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 [Regional Coordinator Human Resources and Regional Coordinator](#) 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.



## 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 ~~Regional Coordinator~~ [Human Resources and Regional Coordinator](#) 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 has been subjected to any such retaliation, he or she 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.



## Regional Board Action Request- CMHPSM Employee Handbook Annual Review

Board Meeting Date: September 13, 2023

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



## Regional Board Action Request

Board Meeting Date: September 13, 2023

Action Requested: Approving the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Nicole Adelman to the PIHP region as a CMHPSM employee.

Background: Nicole Adelman reached her five-year anniversary on August 20, 2023. In her current role as the Substance Use Services Director, Nicole has utilized her experience and skills to lead our largest department at the CMHPSM, the Substance Use Services team. Nicole oversees a team that is responsible for Substance Use Disorder Treatment services, Substance Use Prevention programming, a large array of grant and local PA2 funded projects and programs and our Veteran’s Navigation program. Nicole’s partnerships with regional providers and resources have led to advances in the quality and variety of services offered within our region. We look forward to all of the upcoming initiatives the Substance Use Services team has on the horizon within our Substance Use Disorder Strategic Plan that Nicole and her team recently submitted to the Michigan Department of Health and Human Services (MDHHS).

Recommend: Approval for the CMHPSM Board Chair to sign the proclamation as attached.



WHEREAS, the Community Mental Health Partnership of Southeast Michigan through effective partnerships, ensures and supports the provision of quality integrated care that focuses on improving the health and wellness of people living in our region; and

WHEREAS, Nicole Adelman as of August 20, 2023 has been employed with the CMHPSM for five years and has striven to accomplish the mission of the Community Mental Health Partnership of Southeast Michigan as a Substance Use Services Director; and

**Now, therefore, the Community Mental Health Board of Directors does hereby proclaim their appreciation to Nicole Adelman for her five years of service to the region, today September 13, 2023.**

---

Bob King

CMHPSM Board Chair



**Regional Board Action Request – Reclassification of CMHPSM Position #105**

**Board Meeting Date:** September 13, 2023

**Action Requested:** Approve the re-classification of position #105 Regional Coordinator (Tier C) to Human Resources and Regional Coordinator (Tier D) effective October 1, 2023.

**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 D range. Pending FY2024 budget approval Tier C positions will have a salary range of \$58,654-\$85,057 and Tier D positions will have a salary range of \$66,871-\$99,178.

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

The CMHPSM Human Resources and Regional Coordinator is an important conduit for organizational, regional and CMHPSM Board administration and human resources.

Recommend: Approval



## Community Mental Health Partnership of Southeast Michigan Job Description

**Job Title:** Human Resources and Regional Coordinator \_\_\_\_\_ **Location:** CMHPSM Offices

**Supervision Received:** CEO/PIHP Managing Director \_\_\_\_\_ **Position #:** 105

**Tier:** \_\_\_\_\_ **Salary Range:** \_\_\_\_\_

**FLSA Exempt Status:** Exempt **Position Status:** Full-time

**Last Review/Approval:** August 13, 2014

### Job Summary

The Human Resources and Regional Coordinator ~~supports and~~ coordinates PIHP administrative and human resource management/personnel functions; provides support for Regional Boards and committees; and coordinates special projects and initiatives including PIHP level grants ~~and MDCH submissions~~. The Regional Coordinator also oversees the LIP Credentialing and Debarment functions for the region, as well the PIHP's web site support, acts as liaison for external human resources services and implements on-site Human Resources policies.

### Essential Duties and Responsibilities

#### Human Resources Management

- Coordinate human resource management-related activities including but not limited to compensation, benefits, and leaves of absence; disciplinary matters; disputes and investigations; performance and talent management; training and payroll.
- Maintain organized and complete employee files.
- Respond to employment-related inquiries from applicants, employees, and supervisors, referring complex and/or sensitive matters to the appropriate staff.
- Provide consultation to both supervisors and staff regarding personnel matters.
- Attend and participate in employee disciplinary meetings, terminations, and investigations.
- Maintain compliance with federal, state, and local employment laws and regulations, and recommend best practices; reviews policies and practices to maintain compliance.
- Interpret and communicate work procedures and organizational ~~company~~ policies to internal and external employees
- Review, track, and document compliance with mandatory employee training.
- Facilitate the hiring of qualified job applicants for open positions, including job description review, position posting, review of potential candidates, forwarding of viable candidates to the hiring manager, scheduling interviews between the candidate and the interview team; communicating and negotiating employment offers, and other employment decisions to candidates; providing new hire orientation to new employees.
- Conduct or background checks and employee eligibility verifications.
- Maintain knowledge of trends, best practices, regulatory changes, and new technologies in human resources, talent management, and employment law.
- Process payroll: ensures timesheets are completed, verify accuracy and correct errors; troubleshoot problems with the external payroll company.
- Monitor training attendance and requirements to ensure compliance for CMHPSM employees.

- Process conference requests: complete registration forms, book hotels, book flights, review and approve expenses after conference.

#### **Regional Board and Oversight Policy Board Support**

- Compile, review, distribute, post meeting materials on the PIHP web site.
- Maintain annual meeting calendar schedule online and via Outlook calendaring.
- Ensure accurate and timely minutes are taken and posted on the board web page.
- Monitor and facilitate in-person meeting attendance to ensure a meeting quorum.
- Initiate the reappointment of OPB members by communicating with the appointing bodies, either the local CMH board or the local Board of Commissioners.

#### **Regional Committee Support**

- ROC
  - Record accurate minutes.
  - Manage the agendas (collect agenda items, move agenda items forward when necessary).
  - Participate in meetings and provide pertinent information gathered through other channels.
- CPT
  - Record accurate, audit-ready minutes.
  - Manage the meeting agenda.
  - Maintain and manage the CPT reporting schedule.
  - Manage the EBP list.
  - Manage policies that are assigned to the committee (keep track of what's due, and which entity is next on the schedule).
  - Participate in meetings and provide pertinent information gathered through other channels.
- EOC
  - Record accurate minutes
- Provide ad hoc committee support as needed.

#### **Regional Policy Management**

- Manage regional policies; ensure policies are reviewed on a regular basis by the appropriate committees and other stakeholders, and develop policies, as directed.

#### **Regional Grant Management**

- Coordinate completion and submission of region-wide grant applications: work with content experts to gather information and documentation; set deadlines, unify writing on submissions when necessary, review documents for submission requirements; follow-up on status of award/denial decision; communicate decision to interested parties; ensure next steps are communicated and completed.
- Function as the Project Director for the organization's Electronic Grants Administration & Management System (EGrAMS) account, activating and assigning users to projects and ensuring timely grant management and reporting.

#### **PIHP Administrative Management**

- Provide customer service to employees, providers, vendors and consumers.
- Manage FOIA requests, ensuring appropriate responses are provided as lawfully required.
- Draft and/or edit communications for ~~Managing Director~~ the CEO, Board members and others.
- Support the CEO and Leadership Team in PIHP Administration.
- Maintain various directories and lists (staff directory, staff email distribution list, Board roster).
- Maintain records retention and destruction plan, prepare records and schedule annual destruction.
- Coordinate region-wide trainings: arrange for meeting rooms; apply for CEU credits; manage registration.

- Maintain supply inventory for CMHPSM administration and order supplies as needed.
- Process purchase and conference requests for all staff.

- ~~Support the Regional Operations Committee, SUD Oversight Policy Board and Regional Board meetings: Set agendas; prepare and edit meeting materials; print, copy, assemble and mail materials; schedule meetings; arrange for refreshments; set-up and clean-up meeting room; participate in meetings and provide pertinent information gathered through other channels; take and distribute minutes~~
- ~~Coordinate human resource related activities (such as hiring, orientation, training, payroll, benefits, compensation, worker's compensation, leaves of absence and performance evaluation) by completing paperwork, acting as a liaison with external entities and answering internal employee questions~~
- ~~Process payroll: ensure timesheets are completed, verify accuracy and correct errors; submit electronic timesheets, troubleshoot problems with external payroll company~~
- ~~Interpret and communicate work procedures and company policies to internal and external employees~~
- ~~Manage regional policies; ensure policies are reviewed on a regular basis and develop policies, as directed~~
- ~~Ensure accuracy of regional website~~
- ~~Coordinate region wide trainings: arrange for meeting rooms; apply for CEU credits; manage registration~~
- ~~Coordinate completion and submission of region wide grant applications: work with content experts to gather information and documentation; set deadlines, unify writing on submissions when necessary; review documents for submission requirements; follow up on status of award/denial decision; communicate decision to interested parties; ensure next steps are communicated and completed~~
- ~~Coordinate region wide data gathering and reporting to MDCH: ensure deadlines are met and verify accuracy and completeness of reports~~
- ~~Monitor training attendance and requirements to ensure compliance for CMHPSM employees~~
- ~~Process conference requests: complete registration forms, book hotels, book flights, review and approve expenses after conference~~
- ~~Maintain various directories and lists (staff directory, staff email distribution list, Board roster)~~
- ~~Maintain records retention and destruction plan, prepare records and schedule annual destruction~~

Support the PIHP Managing Director in PIHP Administration

#### Supervisory Responsibilities

- ~~This position may supervise other employees and may direct, schedule or train others~~
- Supervises the Regional Administrative Assistant position and provides oversight and back-up coverage for that position's responsibilities, which include:
  - o LIP Credentialing
  - o Monthly debarment clearances
  - o Monthly provider list management
  - o CMHPSM web site support
  - o CMHPSM main telephone line support
  - o Other duties as assigned

Supervises a Regional Project Assistant in all duties as assigned.

#### Other Duties and Responsibilities

- ~~Special projects, as assigned~~
- ~~Other duties as requested, directed or assigned~~

#### Education and Experience Requirements

- Equivalent to a Bachelor's degree in Public Administration, Business Administration, [Human Resources](#), Management, Social Work or closely related field

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- At least two-five years of related human resources and/or upper level administrative experience; experience in a public agency or healthcare agency, preferred
- Or any equivalent combination of education, experience, and training that provides the required knowledge, skills, and abilities
- HR experience/knowledge?

#### Competencies Required

- Knowledge of business and management principles involved in strategic planning, resource allocation, leadership technique and coordination of people and resources
- Knowledge of applicable laws, regulations, policies and procedures and ability to interpret and disseminate information
- Ability to act with integrity, professionalism, and confidentiality.
- 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
- Must be proficient in Microsoft Excel, Word, Outlook, PowerPoint, Publisher, Visio
- 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 delegate work assignments, set expectation and monitor progress
- Ability to build and maintain effective working relationships with others
- 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 adapt quickly to changing demands
- Ability to work independently and collaborate as part of a team
- Attention to detail and quality
- Knowledge of principles and application of project management and change management
- Ability to motivate self to complete tasks with minimal supervision
- Ability to interpret and apply policies and procedures appropriately
- Ability to operate within budget constraints
- Ability to inspire and motivate others to perform at high levels
- Skill in acting as a leader in the office to support organizational goals and values
- Skill in delegating tasks appropriately
- Ability to effectively manage and instruct direct reports to produce desired outcomes
- Knowledge of safety and security principles and a commitment to safety and security

#### 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 possession of a valid Michigan driver's license or method of transportation to 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:

Managing Director \_\_\_\_\_ Date \_\_\_\_\_

Position authorized by CMHPSM Regional Board Date: August 13, 2014

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

Employee \_\_\_\_\_ Date \_\_\_\_\_

## Oversight Policy Board Minutes

August 28, 2023

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

Members Present: Mark Cochran, Amy Fullerton, Annette Gontarski, Susan Longworth, Dave Oblak, Tom Waldecker

Members Absent: Ricky Jefferson, Molly Welch Marahar, Dave O'Dell, David Stimpson, Ralph Tillotson, Monique Uzelac

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ Witherow, Danielle Brunk, Alyssa Tumolo, Jane Goerge, Rebecca DuBois, Stacy Pijanowski, Michelle Sucharski

Board Chair M. Cochran called the meeting to order at 12:20 p.m., once a quorum of board members was achieved.

1. Introductions
2. Approval of the Agenda  
**Motion by T. Waldecker, supported by S. Longworth, to approve the use of the August 24, 2023 agenda for today's meeting**  
**Motion carried**
3. Approval of the June 22, 2023 Oversight Policy Board minutes  
**Motion by T. Waldecker, supported by S. Longworth, to approve the June 22, 2023 OPB minutes**  
**Motion carried**
  - The agenda incorrectly identifies the date as June 22, 2022
4. Audience Participation
  - None
5. Old Business
  - a. Finance Report
    - M. Berg presented. Discussion followed.
  - b. FY24 PA2 Funding Allocations  
**Motion by A. Fullerton, supported by S. Longworth, to approve the proposed use of PA2 funds as presented in Scenario 1**  
**Motion carried**
    - COVID BG will end mid-FY24. Programs will be affected.
    - Scenario 1 does not include additional ARPA funds that the state has unofficially approved and proposes PA2 to cover the costs. The official approval notification for use of ARPA funds has not been received yet.
    - The second scenario does include the semi-approved ARPA funds and reduces the use of PA2.

- OPB reviewed both scenarios and agreed to Scenario 1, with the understanding that some relief should be coming from the additional ARPA grants, pending official notification.
- OPB expressed concern about how/if gaps in services are being addressed. An RFP will likely be issued for FY25, which will address existing gaps across the region driven by updated data and the new strategic plan.

6. New Business

a. Strategic Planning Update

- Last month, OPB authorized M. Cochran to review and forward the finalized strategic plan to the Regional Board for approval and submission to the state.
- S. Longworth would like to know which Livingston school districts were represented in the 2018 MI-PHY data (the most recent data available for Livingston). J. Goerge and N. Adelman will follow up on this request.
- OPB discussed the need for available services in Lenawee.

**Motion by A. Fullerton, supported by T. Waldecker, to approve FY24-26 SUD strategic plan as it was submitted**

**Motion carried**

b. Membership Update

- A. Fullerton's reappointment is complete.
- R. Tillotson and T. Waldecker appointments are in process.

7. Report from Regional Board

- Some highlights from the August Regional Board meeting:
  - 2 state representatives called into the meeting: Felecia Brabec and Carrie Rheingans. Discussion included pending legislation and direct care worker wages.
  - The board approved another provider stabilization payment for key services.
  - The board approved SUD strategic plan for FY24-26.

8. SUD Director Updates

a. CEO Update

- CEO report is included in the packet.
- The Medicaid re-enrollment process has been extended to allow more time for re-enrollment.

b. Staffing

- New staff member Jessy Macumber joined the organization as an SUD Care Navigator for priority populations in a shared/split position with Jon Huhn.

c. Michigan Association of Recovery Residence (MARR) Update

- A document outlining MARR guidelines for inclusivity for the LGBTQ+ community, specifically related to gender identity, was created by an ad hoc workgroup including Nicole Adelman as representative from CMHPSM, several Mid State (Region 5) staff, the ACLU, recovery residence providers and MARR staff. MARR has agreed to use this document.

9. Adjournment

**Motion by A. Gontarski, supported by S. Longworth, to adjourn the meeting**

**Motion carried**

- Meeting adjourned at 1:20 p.m.

**\*Next meeting: Thursday, September 28, 2023  
Location 3005 Boardwalk, Suite 200; Patrick Barrie Room**

DRAFT



# **CEO Report**

## **Community Mental Health Partnership of Southeast Michigan**

**Submitted to the CMHPSM Board of Directors**  
**September 6, 2023 for the September 13, 2023 Meeting**

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*CMHPSM Update*

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- The CMHPSM held an all-staff meeting on August 14, 2023.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesdays.

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*COVID-19 Update*

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- The following webpage was created on our CMHPSM regional website related to the end of the public health emergency: <https://www.cmhpsm.org/phe-end>

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*CMHPSM Staffing Update*

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- The CMHPSM currently has no open positions.
- We thank Heather Schubbe for her work as a SIS Assessor and Regional Project Coordinator and wish her well in her future endeavors.
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

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*Regional Update*

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- 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.

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*Statewide Update*

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- PIHP statewide CEO meetings are being held remotely on a monthly basis. Since our last Regional Board meeting, the PIHP CEOs met on September 5, 2023.
- The PIHP CEO / MDHHS operations meetings with MDHHS behavioral health leadership staff was held on September 7, 2023. I provide a summary of those

meetings to our regional directors at our Regional Operations Committee meetings each month.

- MDHHS re-enrollment processes began in April and May for individuals with a June re-enrollment date. The process will progress through subsequent re-enrollment months over a 12-to-14 month period to not overwhelm the MDHHS enrollment systems. The following page has been created on our CMHPSM website to provide information on the Medicaid enrollment restart: <https://www.cmhpsm.org/medicaid-enrollment-restart>

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*Future Update*

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- We are planning to cover the following items at our October 2023 meeting:
  - FY2024-2026 Strategic Plan Development
  - Final FY2021-2023 Strategic Plan Metrics Report
  - Update on FY2018 Deficit Resolution

Respectfully Submitted,



James Colaianne, MPA





**CMHPSM REGION SIX  
CMHSP PARTNERS**

Lenawee Community  
Mental Health Authority

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Livingston County  
Community Mental  
Health Authority

-----  
Monroe County  
Community Mental  
Health Authority

-----  
Washtenaw County  
Community Mental  
Health

**CMHPSM BOARD OF  
DIRECTORS**

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LaMar Frederick  
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Bob King  
Molly Welch Marahar  
Rebecca Pasko  
Alfreda Rooks  
Mary Serio  
Annie Somerville  
Holly Terrill  
Ralph Tillotson

**CMHPSM CEO**

James Colaianne

August 23, 2023

Kristen Jordan  
Bureau of Specialty Behavioral Health Services Director  
MDHHS Behavioral and Physical Health and Aging Services Administration

Jackie Sproat  
Division of Contracts and Quality Management Director  
Bureau of Specialty Behavioral Health Services  
MDHHS Behavioral and Physical Health and Aging Services Administration

Sent via email

Dear Ms. Jordan and Ms. Sproat,

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) CEO James Colaianne and Michigan Department of Health and Human Services (MDHHS) Specialty Behavioral Health Services Director Kristen Jordan met on Wednesday August 16, 2023 to discuss what has commonly been referred to as the CMHPSM FY2018 & FY2019 deficit. The discussion was intended to provide an overview of past efforts between the entities related to repayment of deficits and state cost share settlement discussions. This letter outlines some of that history.

Significant communication occurred between the CMHPSM and MDHHS after FY2018 ended on September 30, 2018. The following timeline identifies some of the key updates from our perspective. A more complete timeline and relevant information can be provided if necessary.

**11/9/2020:** CMHPSM receives notice that MDHHS does not approve the utilization of future performance-based incentive program (PBIP) funds to pay any portion of the FY18-19 deficit.

**3/30/2021:** Jeff Wieferich indicated by email: *“What I need from you is a formal request to be allowed to use the ISF to cover your past Medicaid expenses along with your plan of how you will carry it out. Couple things to keep in mind is that we need to know that allowing this will not result in uncovered expenses in the future, a time frame for how long you will engage in the process, and a proposed progress reporting format on your efforts. On my end, I have initiated an amendment to the ISF portion of your contract that will allow the use of the ISF for past expenses. So once I have your plan and approve it, I will have the amendment released for signature and we should be good to go with this. You will continue to have this “separate” contract for as long as you are involved in this process.”*

**4/9/2021:** Per MDHHS request, CMHPSM submits a deficit repayment plan to utilize CMHPSM Internal Service Funds (ISF) to pay a portion of the FY18 and FY19 deficit.

**8/3/2021:** Jeff Wieferich indicates by email that Center for Medicare and Medicaid Services (CMS) has approved a contract amendment related to the ISF.

**1/6/2022:** CMHPSM is informed that CMS is auditing the PIHP ISFs and ISF oversight and to not expect any updates until audit is over sometime during calendar year 2022.

**2022-2023:** The CMHPSM continued to communicate with MDHHS and awaited results of the CMS ISF audit and a response to the deficit repayment plan submitted in April 2021.

**8/14/2023:** MDHHS sends a pending cost settlement information letter related to FY2018, 2019, & FY2020 indicating that the Lakeshore region lawsuit settlement does not impact the CMHPSM.

The CMHPSM identifies only two options for closing out the FY2018 and FY2019 contract and related cost settlement processes: 1. Deficit Repayment Utilizing CMHPSM ISF or 2. Retroactive Revenue Negotiations. The CMHPSM region has no ability to collect local taxpayer funds from the partner CMHSPs, or their home Counties, to pay for Medicaid/Healthy Michigan services.

1. Deficit Repayment Utilizing CMHPSM ISF – reassess the CMHPSM deficit repayment plan submitted in April 2021. A copy of that plan has been attached to this letter.
  - a. The CMHPSM will not sign amendment #8 to the FY2021 MDHHS-PIHP contract, which retroactively purports to not allow the utilization of Medicaid Savings to pay for Medicaid service costs from a previous fiscal year.
  - b. Approve the revised FSRs for FY2018, FY2019, and FY2020 which were submitted upon a more complete awareness of GASB-10. The revised FSRs identify the capabilities of a risk fund such as the CMHPSM’s ISF to manage risk over multiple years, including the possibility that a risk fund can exist in a deficit. All CMHPSM/MDHHS contracts require compliance with GASB-10.
  - c. CMHPSM to utilize available Internal Service Funds (ISF) and/or Medicaid Savings derived from surplus revenue from FY2020, FY2021, FY2022 and/or FY2023.
2. Revenue Negotiations - Enter into ex post facto rate negotiations related to the Region 6 geographic factor and capitation rates paid during FY2017, FY2018, and FY2019 to provide additional revenue for this period. The capitation rate methodology implemented during this time frame did not cover the medically necessary services delivered.
  - a. As capitation rates are only actuarially sound at the aggregate statewide level, the CMHPSM required rates that far outpaced the revenue that was derived from the rate construct implemented for our region during FY2017, FY2018, and FY2019. The capitation rate certification for each of the identified fiscal years includes the following: *“The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the “actuarially sound” capitation rates that are associated with this certification.”*



We believe it is imperative that the CMHPSM and MDHHS move forward with contract reconciliation, as FY2018 closed nearly five years ago. The supplemental funding for the MDHHS risk share for our region was included in Public Act No. 21 (2020) which was made effective January 27, 2020. Our partner PIHPs are closing out FY2020 or FY2021 as of the writing of this letter.

The CMHPSM is requesting that MDHHS respond prior to our only remaining FY2023 CMHPSM Regional Board of Directors meeting, which is scheduled for September 13, 2023 at 6:00 pm. We will be discussing all available courses of action at this meeting with legal representation in closed session at that meeting. Please let us know if you need any supporting documentation to assist in your response.

Sincerely,

A handwritten signature in blue ink, appearing to read "James Colaianne".

James Colaianne, MPA

CMHPSM CEO

CC:

Elizabeth Hertel, Director of Michigan Department of Health and Human Services

Farah Hanley, Chief Deputy Director for Michigan Department of Health and Human Services

Bob King, Community Mental Health Partnership of Southeast Michigan Board Chair

Amy Palmer, Lenawee Community Mental Health Authority Board Chair

Roxanne Garber, Livingston County Community Mental Health Authority Board Chair

Mike Humphries, Monroe Community Mental Health Authority Board Chair

Kari Walker, Washtenaw County Community Mental Health Board Chair



**COMMUNITY MENTAL  
HEALTH PARTNERSHIP  
OF SOUTHEAST  
MICHIGAN (CMHPSM)  
REGION SIX**

**ADMINISTRATION**

3005 Boardwalk  
Suite 200  
Ann Arbor, MI 48108  
Phone (734) 344-6079  
FAX (734) 222-3844  
[www.cmhpsm.org](http://www.cmhpsm.org)

James Colaianne  
CEO

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Ralph Tillotson

**PARTNER CMHSPs**

Lenawee Community  
Mental Health Authority

Livingston County  
Community Mental Health  
Authority

Monroe County Community  
Mental Health Authority

Washtenaw County  
Community Mental Health

April 9, 2021

Mr. Jeff Wieferich, Director  
Michigan Department of Health and Human Service  
Bureau of Community Based Services (BHDDA)  
320 South Walnut Street PO BOX 30815  
Lansing, MI 48909

Dear Mr. Wieferich,

The Community Mental Health Partnership of Southeast Michigan (CMHPSM), Region 6, consisting of Lenawee, Livingston, Monroe and Washtenaw CMHs has developed a regional plan related to our remaining outstanding FY18 deficit and FY19 deficit.

The CMHPSM is officially submitting our request for MDHHS to utilize regional internal service funds to cover prior year Medicaid and HMP expenses within the parameters of the proposed plan as attached. We are specifically requesting that this allowance be made within our MDHHS/PIHP contracts covering fiscal years 2021, 2022 and 2023.

We have included an ISF utilization plan which balances future risk with prior risk, while providing quarterly updates to BHDDA on our progress related to the plan.

Please let us know if any further documentation or information is required related to this request.

Thank you in advance for your attention to this matter,

James Colaianne

CMHPSM CEO

**CMHPSM Proposed ISF Utilization for Previous Period Risk Plan**

The CMHPSM is requesting to utilize Internal Service Fund (ISF) funding to cover valid Medicaid and Healthy Michigan service expenditures which exceeded available current year revenue in FY2018 and FY2019. We propose that this ISF utilization for previous period risk plan be made allowable for three fiscal years: FY2021, FY2022 and FY2023 which would be reliant on ISF contributions made at the conclusion of FY2020, FY2021 and FY2022. The CMHPSM seeks to manage both current and future Medicaid and Healthy Michigan service needs in conjunction with the FY2018 and FY2019 prior period service expenditure deficits.

The CMHPSM as of March 31, 2021, owes our partner CMHSPs/counties roughly \$25.7 million related to FY2018 and FY2019 Medicaid and Healthy Michigan service expenditures, with roughly \$14.7 million of that total due from the CMHPSM and \$11.05 million due from MDHHS (FY 2018: \$7,517,412 and FY2019: \$3,533,961).

Per our FY2020 FSR bundle submitted on March 31, 2021, the CMHPSM identified a \$10.1 million contribution to the ISF. We are proposing to utilize 90% of the \$10.1 million FY2020 ISF contribution towards prior year risk reduction and allocating \$1 million to future risk.

The CMHPSM is currently projecting a \$10-12 million contribution to the ISF at the end of FY2021. If those service and revenue projections remain consistent and actual FY2021 service expenditures come in at or below budget the CMHPSM would contribute 50% (\$5-6 million) to prior year risk and 50% (\$5-6 million) to future risk. However, we do anticipate an increase in service demands for the remainder of this fiscal year due to less COVID-19 related limitations on service delivery and other services that were provided at a lower intensity (Autism benefit, Skill-building, etc.) so the projected \$10-12 million surplus may be reduced by current service need expenditures. Due to this potential variability, we propose that an additional year of flexibility be allowed by the department related to prior year risk repayment. Any remaining FY2019 deficit would be completely fulfilled with FY2022 ISF in the spring of FY2023 if necessary.

ISF Prior/Future Allocation Strategy	Projected ISF Contribution	Prior Year Risk	Future Risk	Projected ISF Balance
FY2020 ISF Allocation %		90%	10%	
FY2020 ISF Allocation	\$ 10,100,000	\$ 9,090,000	\$ 1,010,000	\$ 1,010,000
FY2021 ISF Allocation %		50%	50%	
FY2021 ISF Allocation	\$ 11,000,000	\$ 5,500,000	\$ 5,500,000	\$ 6,510,000
FY2022 ISF Allocation	\$ 4,500,000	\$ 122,595	\$ 4,377,405	\$ 10,887,405

## CMHPSM Reporting Requirements

The CMHPSM proposes a quarterly report to MDHHS which would detail the following:

- The current projected regional Medicaid and Healthy Michigan surplus amounts that would potentially be allocated to the ISF based upon actual annual service expenses in relation to projected revenue;
- The current projected ISF funding to be utilized for previous period risk and current/future period risk;
- Actual outstanding liability related to the FY2018 and FY2019 deficit as of reporting date;
- Actual utilization of ISF towards FY2018 and FY2019 prior period risk as of reporting date

## MDHHS FSR Report Template Proposed Revision

The CMHPSM is requesting direction from MDHHS on the reporting of ISF funds to be utilized in FY2021 to pay down prior period Medicaid/HMP risk.

The CMHPSM proposes that additional columns be added to the Medicaid ISF Report worksheet within section 1 a-c of the FY2021 FSR Bundle to include prior period ISF Medicaid and HMP financing risk.

1. Internal Service Fund Fiscal Year Activity		ISF Balance @ Beginning of Fiscal Year	Current Period ISF Contributions Interest Earned	Current Period ISF Contributions Deposits	Current Period ISF Reduction (Abatement)	Current Period ISF Financing Medicaid (Risk)	Current Period ISF Financing HMP (Risk)	ISF Ending Balance
a.	ISF Balances / Current Activity	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b.	Specialty Managed Care	\$ -		\$ -	\$ -			\$ -
c.	Healthy Michigan Plan	\$ -		\$ -	\$ -			\$ -

The CMHPSM submits the proposed ISF Utilization plan in conjunction with the current and future deficit elimination plans submitted to the State of Michigan, our current and future risk management strategies and compliance with all contractual requirements related to service delivery and financing. The CMHPSM will follow GAAP, GASB, FASB and any other applicable finance standards identified by MDHHS in relation to this plan.

	FY2018 Deficit			FY2019 Deficit			FY18-19 Total Combined Deficit	ISF Balance
	PIHP Share	MDHHS Share	FY2018 Sub-Total	PIHP Share	MDHHS Share	FY2019 Sub-Total		
Original FY18-19 Deficits	\$ (4,112,620)	\$ (7,517,412)	\$ (11,630,032)	\$ (14,421,234)	\$ (3,533,961)	\$ (17,955,195)	\$ (29,585,227)	\$ -
FY2020 Deficit Repayment (PBIP, Investments, etc.)	\$ 3,821,259	\$ -		\$ -	\$ -			
FY2020 Balance	\$ (291,361)	\$ (7,517,412)	\$ (7,808,773)	\$ (14,421,234)	\$ (3,533,961)	\$ (17,955,195)	\$ (25,763,968)	\$ -
FY2020 ISF Surplus Utilization for Prior Year	\$ 291,361	\$ -	\$ -	\$ 8,798,639				
MDHHS FY18 Risk Share Payment	\$ -	\$ 7,517,412	\$ -	\$ -	\$ -			
FY2021 Balance	\$ -	\$ -	\$ -	\$ (5,622,595)	\$ (3,533,961)	\$ (9,156,556)	\$ (9,156,556)	\$ 1,010,000
FY2021 ISF Surplus Utilization for Prior Year	\$ -	\$ -	\$ -	\$ 5,500,000	\$ -			
MDHHS FY19 Risk Share Payment	\$ -	\$ -	\$ -	\$ -	\$ 3,533,961			
FY2022 Balance	\$ -	\$ -	\$ -	\$ (122,595)	\$ -	\$ (122,595)	\$ (122,595)	\$ 6,510,000
FY2022 ISF Surplus Utilization for Prior Year*	\$ -	\$ -		\$ 122,595	\$ -			
FY2023 Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,887,405

\*If any PIHP share of FY2018-FY2019 combined deficit remains FY2022 ISF will be utilized to fulfil that obligation completely.



## Regional Board Notification – CEO Authority Update

Board Meeting Date: September 13, 2023

Information:

The CMHPSM CEO signed an engagement letter on August 15, 2023 with the Dickinson Wright law firm which included a retainer of \$10,000.00. More information will be provided in closed session at the September meeting.

Recommend: Informational Review, no action needed.