

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued **7/24**
Page 1

CHAPTER Administrative	CHAPTER 01	SECTION 001	SUBJECT 0030
SECTION Governance	SUBJECT Conflict of Interest		
WRITTEN BY PIHP	REVISED BY Joy Vittone	AUTHORIZED BY SCCCMH Board	

I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It is the policy of the St. Clair County Community Mental Health (SCCCMH) Board that all workforce members (including employees, Board members, practitioners, contracted providers, and volunteers, etc.) have an obligation to conduct business within guidelines that prohibit actual or potential conflict of interest. SCCCMH is a publicly funded institution with an obligation to preserve public trust and to provide an environment where workforce members are free from actual or perceived conflict of interest.

III. DEFINITIONS:

A. Conflict of Interest: Any actual or potential situation in which an individual is in a position to influence a decision that may result in a personal gain for that individual or for an immediate family member, or when financial or other personal considerations may compromise or appear to compromise (1) an individual's business judgment; (2) delivery of services; or (3) the ability for an individual to do their job. For this policy, an immediate family member means any person who is related by blood or marriage, or whose relationship with the employee is like that of persons who are related by blood or marriage.

Conflict of interest includes a variety of situations in which a workforce member is faced with conflicting loyalties. When this occurs, an independent observer may reasonably question whether a workforce member's professional actions or decisions are affected by considerations of personal gain or benefit, whether direct, indirect, financial, or otherwise. Frequent areas of concern are when personal economic interests conflict with SCCCMH duties.

Another type of conflict may arise that inhibits a workforce member's duty of loyalty or commitment to SCCCMH. A conflict that effects loyalty and time commitments is considered "conflict of commitment" and is considered conflict of interest for purposes of this Policy. For example, a workforce member may begin part-time employment with an entity that impairs their ability to perform their duties at SCCCMH.

B. Personal Interests: Relevant activities that may not have a direct financial component but may present an actual or apparent Conflict of Interest. Such interests may involve the workforce member or their immediate family members.

- C. Workforce Member: An individual affiliated with SCCCMH including full-time and part-time employees, contracted providers, medical and behavioral staff who provide services to individuals on behalf of SCCCMH, individuals who are required to undergo credentialing, individuals performing internships with SCCCMH, volunteers at SCCCMH, SCCCMH officers, and members of the SCCCMH Board.

IV. STANDARDS:

- A. Actual or potential conflict of interest must be disclosed by workforce members to SCCCMH's Corporate Compliance Office, Human Resources, appropriate Leadership, or the Board of Directors. Identification and resolution of conflict of interest is required by the Michigan State Ethics Act, the Commission on Accreditation of Rehabilitation Facilities (CARF), the National Social Workers Association Code of Ethics, the SCCCMH Code of Ethics, and by Medicare and Medicaid program regulations.
- B. Workforce members must seek guidance and approval from the Corporate Compliance Office prior to pursuing any business or personal activity that may constitute a conflict of interest.
- C. Workforce members must be mindful of the appearance of impropriety that gifts and favors may create.
1. Gifts of entertainment from vendors should be limited to common business courtesies which may include an occasional lunch, dinner, or gift of minimal value. Monetary gifts or favors offered in an attempt to gain an unfair financial or personal advantage over outside entities are strictly prohibited.
 2. Workforce members may not promise gifts, entertainment, or political alliances to influence an individual to receive services or to recommend services to another, or to gain an unfair business advantage.
- D. Business gifts or courtesies that would influence or appear to influence a workforce member in the conduct of their duties or responsibilities must be declined.
- E. Every workforce member must complete form [#0224 SCCCMH Conflict of Interest Disclosure](#) at the time of initial employment or association with SCCCMH and must update the form:
- if information changes
 - every year during an annual process implemented by SCCCMH, and
 - upon request by the Corporate Compliance Office.
- F. In addition to the annual completion of form [#0224 SCCCMH Conflict of Interest Disclosure](#), individuals and entities who undergo privileging and credentialing as required by policy [#01-003-0022, Provider Enrollment and Credentialing](#), must complete the Region 10 Conflict of Interest Attestation (form #1305 for individual providers and form #1306 for entities) during initial credentialing, when information changes, and when re-credentialing (every two years).

V. PROCEDURES:

Corporate Compliance Supervisor

1. Reviews all potential conflict of interest disclosures reported on form [#0224 SCCCMH Conflict of Interest Disclosure](#) and by any other means to the Corporate Compliance Office.
2. Facilitates the development of plans to manage identified conflict of interest.

New Employee

3. Completes [form #0224 SCCCMH Conflict of Interest Disclosure](#) at initial hire and submits to the Corporate Compliance Supervisor, as requested.

New Board Member / Executive Secretary

4. Completes form [#0224 SCCCMH Conflict of Interest Disclosure](#) and submits to the SCCCMH Executive Secretary, as requested, who forwards the completed form to the Corporate Compliance Supervisor.

Workforce Member

5. Updates form [#0224 SCCCMH Conflict of Interest Disclosure](#) when disclosed information changes and submits to Corporate Compliance Office.
6. Completes and submits form [#0224 SCCCMH Conflict of Interest Disclosure](#) annually and upon request through the process implemented by the Corporate Compliance Office.

Provider Undergoing Credentialing / Contract Provider / Contract Manager

7. Completes form [#1305 Region 10 Conflict of Interest Attestation – Individual Provider](#) when requesting privileging and credentialing and submits to the SCCCMH Contract Manager or their clerical support staff who reviews and forwards forms with disclosures to the Corporate Compliance Supervisor.

Workforce Member

8. Discloses to the Corporate Compliance Office any actual or potential conflict of interest that comes to their attention.
9. Seeks approval from the Corporate Compliance Office prior to entering any business arrangement that may create a conflict of interest.
10. Reports any gifts, favors, or consideration received from any provider, vendor, or organization that may violate this policy.

VI. REFERENCES:

- A. CARF, Section 1.A.6.
- B. SCCCMH Code of Ethics
- C. [#0224 SCCCMH Conflict of Interest Disclosure](#)
- D. [#1305 Region 10 Conflict of Interest Attestation – Individual Provider](#)
- E. [#1306 Region 10 Conflict of Interest Attestation – Entity Provider](#)
- F. [Administrative Procedure #01-003-0022, Provider Enrollment and Credentialing](#)

VII. EXHIBITS:

None

VIII. REVISION HISTORY:

Dates issued 11/04, 09/07, 11/09, 01/12, 05/14, 05/15, 05/16, 05/17, 05/18, 05/19, 7/20, 6/21, 5/22, 6/23.