

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued 6/23/24

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I. APPLICATION:

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

II. POLICY STATEMENT:

It ~~shall be~~ the policy of the St. Clair County Community Mental Health ~~Authority~~ (SCCCMHA) 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 conflicts of interest. SCCCMHA 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 ~~a person~~ 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 cannot make fair decisions because they will be affected by the results, or when financial or other personal considerations may compromise or appear to compromise (1) an ~~employee's individual's~~ employee's business judgment; (2) delivery of ~~patient services~~ patient services; or (3) ~~the~~ the ability for an ~~individual~~ employee to do ~~his or her~~ their job. ~~An actual or potential conflict of interest occurs when an employee individual is in a position to influence a decision that may result in a personal gain for that employee individual or for a relative as a result of business dealings. For the purpose of this~~ For this policy, an immediate family member a relative is means any person who is related by blood or marriage, or whose relationship with the employee is similar to 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 determined or affected by considerations of personal gain or benefit, whether direct, indirect, financial, or otherwise. Frequent areas of concern are ~~Frequently these arise when personal economic interests conflict with SCCCMH duties. For example, a conflict occurs when a workforce member influences a~~

~~decision of SCCCMH, or one of its departments, or a decision of an individual served, if a personal economic benefit to the workforce member may arise from that decision.~~

~~Another type of conflicts may arise that inhibits the workforce member's duty of loyalty or commitment to SCCCMH. These conflicts, A conflict that effects loyalty and time commitments as well as those that represent conflicting time commitments, are considered "conflicts of commitment." For example, a workforce member may begin enter into part-time employment with an entity which that impairs his or her their ability to perform their duties at SCCCMH.~~

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

~~B.~~

~~Unusual Gain: Business dealings with outside entities that result in an unfair advantage for those entities, SCCCMH or an employee. Unusual gain refers to bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit the employer, the employee, or both.~~

~~C. Workforce Member: Any individual affiliated with SCCCMH including full-time and part-time employees, contracted providers, medical and behavioral health staff and behavioral staff who provide services to individuals on behalf of SCCCMH employed by or otherwise affiliated with SCCCMH, individuals required to who are required to undergo credentialing by policy #01-003-0022, Provider Enrollment and Credentialing, students and affiliated individuals seeking or performing internships with SCCCMH, volunteers who work on the premises of at SCCCMH properties or directly with recipients served, SCCCMH officers, officers, and members of the SCCCMH Board.~~

~~A. Certain nominal benefits are allowed in accordance with other policies.~~

Commented [JV1]: Gifts will be covered in a stand-alone policy.

IV. STANDARDS:

A. Actual or potential conflicts of interest must be disclosed ~~by workforce members to the SCCCMH Board, appropriate SCCCMH Leadership staff, the SCCCMH's Corporate Compliance Office, Designee, or SCCCMH Human Resources, appropriate Leadership, or the Board of Directors-Staff. Identification and resolution of Conflict of Interest which may exist on the part of workforce members is required by standards promulgated 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 requirements placed upon providers by Medicare and Medicaid program regulations.~~

B. ~~Employees-Workforce members~~ must seek guidance and approval from ~~the appropriate management the Corporate Compliance Office- personnel~~ prior to pursuing any business or personal activity that may constitute a conflict of interest.

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C. ~~Employees-Workforce members need to must~~ be mindful of the ~~illusion-appearance of impropriety that impropriety gifts and favors may pose create,~~

1. Gifts of entertainment from vendors should be limited to common business courtesies which may include an occasional lunch, dinner, or gift of ~~limited-minimal~~ value. Monetary gifts ~~or~~ favors ~~offered~~ in an attempt to gain an unfair financial ~~and/or~~ personal advantage over outside entities are strictly prohibited.
2. ~~Employees-Workforce members~~ may not promise gifts, entertainment, or political alliances to ~~gain/maintain members influence an individual to receive services or to recommend services to another, or to gain an~~ unfair business advantage.
3. ~~All enticements are subject to "Fair Market Value" if the SCCCMHA Provider Network is furnishing the designated health service.~~

D. Business ~~gifts or~~ courtesies that would influence or appear to influence an ~~employee-workforce member~~ in the conduct of their duties or responsibilities must be declined.

E. ~~All workforce members~~ 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. ~~After the initial completion, the form must be completed annually by all SCCCMH Board members, all SCCCMH employees at the Supervisor level and above, all individuals who are required to undergo privileging and credentialing, and any individual as requested by the Corporate Compliance Officer or Corporate Compliance Supervisor.~~

~~E.F. In addition to the annual completion of form #0224 SCCCMH Conflict of Interest Disclosure, individuals and entities who Employees and network providers who are required to undergo privileging and credentialing as pursuant to required by policy #01-003-0022, Provider Enrollment and Credentialing, must complete the appropriate Region 10 Conflict of Interest Attestation form (form #1305 for individual providers and form #1306 for entities or #1306 for entity providers) during the initial credentialing, and when re-credentialing (every two years). This is in addition to the annual completion of form #0224 SCCCMH Conflict of Interest Disclosure.~~

V. **PROCEDURES:**

Corporate Compliance ~~Designee~~ Supervisor

1. Reviews all ~~potential conflict of interest actual or potential conflicts of interest disclosed disclosures -reported on form #0224 SCCCMH Conflict of Interest Disclosure and that are reported~~ by any other means to the Corporate Compliance Office.
- 1.2. ~~Facilitates the development of plans to manage identified conflicts of interest. come to the attention of SCCCMHA Leadership staff.~~

Commented [JV2]: Recommendation: Gifts and FMV valuations (related to Stark Law and Anti-kickback Statute) need to be addressed in a different policy. Leaving general gift language (for now) but removing regulatory "designated health services", etc. language.

New Employee

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

New Board Member / Executive Secretary

4. Completes form #0224 SCCCMH Conflict of Interest Disclosure and submits to the SCCCMH Executive Board's Recording Secretary, as requested, who must forward forwards a copythe completed form to the the Corporate Compliance Supervisor-Office.

Board Member/Employee Workforce Member

5. Updates form #0224 SCCCMH Conflict of Interest Disclosure when disclosed information changes and submits to Corporate Compliance Office.
6. CCompletes- and submits form #0224 SCCCMH Conflict of Interest Disclosure annuallyannually and upon request through the process implemented by the Corporate Compliance Office-and submits to the Corporate Compliance Office via the process implemented for annual completion-and submission.

Staff/Contract Providers

2. Discloses to the SCCCMHA Corporate Compliance Office any actual or potential conflicts of interest that come to their attention: Provider Undergoing Credentialing equesting Credentials/ Contract Provider / Contract Manager
3. Completes the form #1305 Region 10 Conflict of Interest Attestation – Individual Provider form- (#1305 or form #1306 Region 10 Conflict of Interest Attestation – Entity, as appropriate,) when requesting Privileging privileging and Credentialingcredentialing and submits to the SCCCMH.
- 4.7. Submits Conflict of Interest Attestation form to SCCCMHA Contract Manager or their clerical support staff or SCCCMHA supervisor/HR/designee, who must forward to reviews and forwards forms with disclosures to the Corporate Compliance SupervisSupervisor or any forms- with substantive disclosures.
5. Seeks approval from appropriate SCCCMHA Leadership Team prior to entering into any business arrangement that may create a conflict of interest.
6. Reports any gifts, favors, or consideration received from any provider, vendor, or organization that may violate this policy.

Workforce Member/Individual Affiliated with SCCCMH

8. Discloses to the the Corporate Compliance Office any actual or potential conflict of interest that comes to their attention.
9. Seeks approval from the the Corporate Compliance Office 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.~~

~~A.~~

~~—SCCCMHA Code of Ethics 2019~~

~~B.~~

~~C. #0224 SCCCMH Conflict of Interest Disclosure~~

~~D. #1305 Region 10 Conflict of Interest Attestation – Individual Provider~~

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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.

