



Origination:	08/2017
Effective:	01/2019
Last Approved:	01/2019
Last Revised:	01/2019
Next Review:	01/2020
Owner:	<i>Donna Coulter: Member Experience Administrator</i>
Policy Area:	<i>Customer Service</i>
References:	

## Consumer Stipend

### POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that eligible consumers within the DWMHA system may qualify for a stipend in the amount of \$30.00 after functioning in an official capacity.

### PURPOSE

The purpose of this policy is to provide guidelines and conditions under which eligible consumers within the DWMHA system may qualify for a stipend.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: Eligible persons within the Detroit Wayne behavioral health system, who are not DWMHA employees, who volunteer their time providing input or assuming responsibility for planning and action, including primary and secondary consumers.
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism.
3. This policy impacts the following **contracts/service lines** : MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

### KEYWORDS

### STANDARDS

1. Participants are eligible for a stipend when operating as a representative of DWMHA in an official, active capacity. Activities may include DWMHA-sponsored town hall meetings, focus groups, advisory groups, committees, task forces etc. The activity must be DWMHA-approved, and the participant DWMHA-selected as an official representative. It is expected that the participant be on the active roster, and signed-in for the meeting.
2. Stipend requests must be supported with appropriate and legible documentation. Documentation includes a dated sign-in sheet and agenda.
3. Stipend requests for more than one meeting in a single day are subject to review and approval by the appropriate department head.

4. Participants receiving other compensation during the time of participation in a DWMHA sponsored event are not eligible to also receive a stipend through the Authority.
5. Participants must be enrolled as a DWMHA vendor for payment. Which includes completing a W-9 and Conflict of Interest form, prior to receiving a stipend

## **QUALITY ASSURANCE/IMPROVEMENT**

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of contracted providers and their subcontractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWMHA staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

## **RELATED POLICIES**

1. [Conflict of Interest Policy](#) (DWMHA Compliance Policies)

## **RELATED DEPARTMENTS**

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

## **CLINICAL POLICY**

NO

# INTERNAL/EXTERNAL POLICY

EXTERNAL

## EXHIBIT(S)

**Attachments:**

No Attachments

### Approval Signatures

**Approver**

**Date**

Dana Lasenby: Chief Clinical Officer

01/2019

COPY



Origination:	01/2018
Last Approved:	01/2018
Last Revised:	01/2018
Next Review:	01/2019
Owner:	Bernard Hooper: Consultant
Policy Area:	Compliance
References:	

## Conflict of Interest Policy

### POLICY

It is the policy of Detroit Wayne Mental Health Authority ("DWMHA") that representatives of the DWMHA (i) may not have a direct or indirect interest (financial, personal or otherwise) in a corporation or business, (ii) engage in a professional activity, or (iii) incur an obligation of any nature, that is in conflict with, or might reasonably tend to influence, the discharge of the representative's official duties on behalf of the DWMHA.

### PURPOSE

The purpose of this policy is to obviate conflicts of interest or the appearance of conflicts of interest at all levels of the operations of the DWMHA and to set forth processes and procedures regarding this matter.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

### KEYWORDS

### STANDARDS

1. CONFLICT OF INTEREST:
  - a. An actual or potential conflict of interest occurs when there is a deviation between an individual's private interests and his or her legal or professional obligations to the DWMHA, such that an independent observer might reasonably question whether the individual's actions or decisions are influenced by private or professional gain, financial or otherwise.
  - b. Conflicts of interest usually fall into one of the following three areas:
    1. *Personal Conflict of Interest*: Personal conflicts of interest arise when actions occur that are influenced by, or are perceived to be influenced by, a desire for personal gain, to the detriment

of the DWMHA or fellow Staff members. The gain could be for the benefit of the Staff member or an Immediate Family Member of the Staff member.

2. *Business Conflict of Interest:* A business conflict of interest arises when an individual's actions are influenced by, or are perceived to be influenced by, the outside business involvement of the Staff member, or their Immediate Family Member. A business conflict of interest may also arise when the Staff member's outside business activities or interests impinge on, or conflict with, the DWMHA's business activities or interests.
  3. *Procurement Conflict of Interest:* Any personal or business conflict of interest involving an organization that is presently acting as, or is competing to become, a vendor or independent contractor for the DWMHA. Conflicts of this variety are additionally subject to the limitations expressed in the DWMHA's Procurement Ethics Policy.
- c. A conflict of interest arises when a Staff member is presently, or has within the prior 12 months been, employed by a vendor or independent contractor that is contracting with the DWMHA. Conflicts of interest may also arise with regard to the employment of individuals who may be "Immediate Family Members" (e.g., a spouse, former spouse, domestic partner, children (blood, step or adopted), parents, brothers, sisters, grandparents, brother-in-law, sister-in-law, any other relative who resides in the same household and any other familial relationship that could create the appearance of a conflict) of Staff members.
- d. Financial interests are anything of monetary value, including, but not limited to:
1. Salary or other payments for services (e.g. consulting fees or honoraria);
  2. Equity interests (e.g., stocks, stock options, or other ownership interests);
  3. Intellectual property rights (e.g., patents, copyrights, & royalties); and/or
  4. Gifts (monetary or non-monetary).
- A conflict may arise when outside financial interests compromise, or have the appearance of compromising, a Staff member's duty of loyalty and/or fiscal responsibility toward the DWMHA.*
- e. In evaluating the possibility of a conflict of interest, Staff should consider the following points:
1. Staff shall always keep in mind the possibility of a conflict of interest when entering into a business transaction with an entity other than the DWMHA.
  2. Staff shall never enter into a business transaction of any type that would compromise (or appear to compromise) the Staff member's responsibilities to the DWMHA.
  3. If a Staff member becomes aware of a conflict of interest, or a situation that might appear to be a conflict of interest, he or she should immediately report the conflict, or potential conflict, to the Chief Compliance Officer.
- f. In the event there is any question regarding whether a situation constitutes an existing or potential conflict of interest, the situation should be disclosed to the Chief Compliance Officer, who shall make a determination as to whether a conflict (or the potential for a conflict) exists, and whether there is a need to disclose the situation formally through the execution of a Conflicts of Interest Disclosure Form.
- g. Staff shall not knowingly use any confidential information about a specific parcel of real estate; a case, bid or contract; or other DWMHA business information, which is available to the Staff member as a result of his or her status as a member of DWMHA Staff, and which is not a matter of public

knowledge, for actual or anticipated personal gain, or for the actual or anticipated personal gain of any other person.

- h. Certain types of relationships between co-workers may create conflicts of interest. For example, a romantic relationship in the workplace may raise the perception of bias and favoritism. For these reasons, personal/romantic or financial/business relationships between co-workers that could create the appearance of impropriety or interfere with an employee's ability to perform their responsibilities on behalf of and in the best interests of the DWMHA should be promptly disclosed to the Chief Compliance Officer.

## 2. DISCLOSURE:

- a. Upon the date when a Staff member begins their employment by, contract with, or representation of, the DWMHA, each Staff member shall file a "Conflicts of Interest Disclosure Form" (see Exhibit A), with Human Resources. In the event the Staff member is a member of the Board of Directors, such forms shall also be filed with the Chief Compliance Officer.
- b. Staff must also file the Conflicts of Interest Disclosure Form at any time that there may be a potential conflict arising from a new business or professional activity, or other conflicting interest as defined in this policy. One form must be submitted for **each** new conflict or potentially conflicting situation.
- c. Copies of a Staff member's Conflicts of Interest Disclosure Form(s) shall be kept in the Staff member's Human Resources personnel file, until updated or, for Contract Managers, replaced by a new annually filed form.

## 3. SPECIAL REQUIREMENTS FOR CONTRACT MANAGERS:

- a. Although all employees and contractors of the DWMHA need to be aware of potential conflicts of interest, individuals employed by the DWMHA for the purposes of performing contract procurement, negotiation and/or management services for the DWMHA, including, DWMHA executives, members of the DWMHA Board, or members of any Board committee charged with contract management duties (collectively, "Contract Managers") must be especially observant of these concerns. Accordingly, Contract Managers shall review the Procurement Ethics Policy, in addition to this policy.
- b. There is a conflict of interest for a Contract Manager whenever such individual knows, or should reasonably be expected to know, that he or she, or an Immediate Family Member:
  - 1. Has any ownership or financial interest in or with any vendor, provider or contractor that currently has, or is attempting to procure, a contractual or business relationship with the DWMHA;
  - 2. Has any ownership or financial interest in or with a business in which a partner, shareholder or owner of such business has a financial interest in another business that currently is, or seeks to be, a vendor, provider or contractor for the DWMHA;
  - 3. Is presently, or has within the prior 12 months been, employed or engaged by a business in any managerial or policy making capacity, if such business is currently, or seeks to be, a vendor, provider or contractor for the DWMHA; or
  - 4. Has negotiated, or is negotiating, for employment with a provider, vendor or contractor that is contracting with, or seeking to contract with, the DWMHA.
- c. In the event there is any confusion as to whether a Contract Manager may have a conflict of interest, as described above, such individuals shall consult the DWMHA's Chief Compliance Officer for additional clarification.

- d. In addition to the requirements of Section 3.b.4 above, each Contract Manager shall annually file a Conflicts of Interest Disclosure Form.
- e. If a Contract Manager has or becomes aware of a potential or actual conflict of interest, he or she shall immediately notify the Chief Compliance Officer. Such Contract Manager shall not take part directly or indirectly in any negotiation, decision, approval, disapproval, or recommendation; any preparation of any specification or procurement standard; the rendering of advice, investigation, or auditing; inspecting, managing, or accepting performance; or in any other advisory capacity involving such contract, unless a waiver is granted.
- f. A Contract Manager shall not meet or confer with a former DWMHA Staff member who is acting as a representative of any business which is currently, or is seeking to be, a vendor or contractor of the DWMHA, within one year following termination of such former Staff member's employment by, or association with, the DWMHA.

4. MISCELLANEOUS PROVISIONS:

- a. *Conflict Waivers.* The Chief Compliance Officer shall review a list of all disclosed conflicts of Staff members (other than Contract Managers, who are expected to personally keep the Chief Compliance Officer apprised of conflicts), prior to the DWMHA contracting with a business that has a potential or actual conflict.

## QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## LEGAL AUTHORITY

## RELATED POLICIES

## RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology

7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

## CLINICAL POLICY

NO

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments:

[Conflict of Interest Disclosure Form  
09.15.17.docx](#)

### Approval Signatures

Approver	Date
Dana Lasenby: Acting Chief Executive Officer	01/2018
Allison Smith: Project Manager, PMP	01/2018
Jean Alce: Interim Medical Director	01/2018
Corine Mann: Chief Strategic Officer/Quality Improvement	01/2018
Stacie Durant: CFO Management & Budget	01/2018
Eric Doeh: Compliance Officer	01/2018





**DETROIT WAYNE MENTAL HEALTH AUTHORITY**

**CONFLICTS OF INTEREST DISCLOSURE FORM**

**Staff Member Name:**

**Submitted To:**

**THE PURPOSE OF THIS FORM IS TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. REVIEW THE FORM CAREFULLY AND RESPOND ACCURATELY AND COMPLETELY.**

**Note: For purposes of this disclosure, “Immediate Family Member” means, as defined in the Conflict of Interest Policy, a spouse, a former spouse, domestic partner, children ,(blood, step or adopted), parents, brothers, sisters, grandparents, brother-in-law, sister-in-law, or any other relative who resides in the same household and any other familial relationship that could create the appearance of a conflict.**

**1. If you have no actual or potential conflicts of interest, check below and proceed to the acknowledgment/signature sections of this form.**

I have no actual or potential conflicts of interests to report at this time.

**2. If you have an actual or potential conflict of interest, check below and provide the requested information:**

I am disclosing an actual or potential conflict of interest. The conflict arises because I, or an Immediate Family Member, has one or more of the following relationships with a business (“Business”) that is, or wishes to become, a provider, vendor or contractor for the Authority:

- I, or an Immediate Family Member, receive(s) or may receive payment for services or any other monies or compensation from the Business.
- I, or an Immediate Family Member, have a financial interest (ownership, loans, etc) in the Business which results in the receipt of \$500 or more per year. (Market-rate from a financial institution or income from the ownership of less than \$10,000 of stocks and bonds traded on the national stock exchanges are exempted.)
- I, or an Immediate Family Member, hold intellectual property rights (e.g., patents, copyrights) used by the Business.
- I, or an Immediate Family Member, now hold(s), or in the past 12 months have/has held, a key position in a Business, such as an officer, director, trustee, partner, or held a board seat or management or policymaking position in the Business.

- I, or an Immediate Family Member hold(s) an ownership or financial interest in or with a business of which a partner, shareholder or owner has a financial interest in the Business that is or seeks to be a vendor, provider or contractor for the Authority.
- I, or an Immediate Family Member, have/has any other actual or potential conflicts of interest arising from any relationship with the Business or its owners, employees or affiliates.
- None of the above apply, but I have an actual or potential conflict of interest for another reason.

Provide a full description of the actual or potential conflict and provide copies of all relevant documents. If the documents are confidential, submit them in a sealed envelope marked "Confidential".

---

---

---

---

---

---

---

---

---

---

#### ACKNOWLEDGMENT AND SIGNATURE

By signing below, I acknowledge that (i) I have received a copy of the Detroit Wayne Mental Health Authority Conflict of Interest Policy, and I have read and understand it, (ii) my responses set forth in this form are accurate and complete, and (iii) I agree to abide by the Conflict of Interest Policy and, accordingly, I will immediately update this form and disclose any new or different actual or potential conflicts of interest as they may arise, in accordance with the policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date