

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

Date Issued: **XX**

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WRITTEN BY Karen A. Farr, CPA	REVISED BY		AUTHORIZED BY Tracey Pingitore

I. APPLICATION:

ST. CLAIR COUNTY CMH

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

II. PURPOSE STATEMENT:

The administrative procedures outlined below are those that are followed by the SCCCMHA Board and identified staff as they relate to the Standards included in the Board Fiscal Responsibilities policy (#07-001-0005).

III. DEFINITIONS:

None

IV. STANDARDS:

None

V. PROCEDURES:

1. Budget and Budgetary Compliance

- a. Finance Staff
 - i. Prepares the SCCCMHA annual operating budget under the direction of the Chief Financial Officer.
 - 1. See individual staff detailed steps for each task.
- b. Chief Financial Officer

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- i. Prepares the SCCCMHA annual operating budget, identifying the fund sources associated with each expenditure category (e.g. Medicaid, Healthy Michigan Plan, General Fund, Grants, Local, etc.)
 - ii. Reviews budget for reasonableness.
 - iii. Summarizes budget and compares the total of all Medicaid, and all other funding sources, budgeted expenses submitted to projected amount available to pay for Medicaid and all other funding sources covered services.
 - iv. Recommend identified reductions if the total of the reviewed budget is greater than the amount designated for service provision.
 - v. Present the prepared budget to the Chief Executive Officer and provides explanations or clarification needed.
 - vi. Finalizes the budget with any recommended changes.
 - vii. Summarizes and presents budget to the SCCCMHA Board for approval.
 - viii. Submits the prepared budget to the Region 10 CFO for approval of expenses within the Regional budget after SCCCMHA Board approval.
- c. Chief Executive Officer
- i. Reviews, approves or makes recommended reductions if the total of the reviewed Medicaid and all other funding sources budget is greater than the amount designated for service provision.
 - ii. Approves the budget to be submitted to the SCCCMHA Board for approval.
- d. SCCCMHA Board
- i. Approves the annual budget with funding sources identified as applicable for submission to the Region 10 PIHP.

2. Financial Reporting

- a. Chief Financial Officer
- i. Compiles the summary Revenue and Expenses report, by funding source with relevant narrative for submission to Region 10 CFO as required by the contract with Region 10 PIHP or at intervals as required by the MDHHS contract.
 - ii. Prepares requests, as necessary, for adjustment to SCCCMHA monthly advances/budgets, including sufficient rationale for the Region 10 PIHP CFO to make an informed decision.
 - iii. Prepares any required MDHHS fiscal reports in the required format and at the intervals designated in the contracts with MDHHS and/or Region 10 PIHP.
 - iv. Submits to SCCCMHA Board any required MDHHS fiscal reports in the required format and at the intervals designated in the contracts with MDHHS and Region 10 PIHP for review and information.
 - v. Submits to MDHHS and/or Region 10 PIHP any required fiscal reports at the intervals designated in the contracts with MDHHS and Region 10 PIHP.
- b. Finance Staff

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- i. Prepares the financial reporting under the direction of the Chief Financial Officer.
 1. See individual staff detailed steps for each task.
- 3. Cost Settlement**
- a. Finance Staff
 - i. Prepares the cost settlement under the direction of the Chief Financial Officer.
 1. See individual staff detailed steps for each task.
 - b. Chief Financial Officer
 - i. Presents the preliminary settlement reports to the Chief Executive Officer and provides any explanation or clarification needed.
 - ii. Finalizes the preliminary settlement reports with any recommended changes.
 - iii. Submits the preliminary settlement reports to the Region 10 PIHP CFO per the timeline specified in the contract.
 - iv. Finalizes the settlement reports with any required or recommended changes from the Region 10 PIHP CFO review.
 - v. Submits final settlement report to the Region 10 PIHP CFO and MDHHS by the required due dates.
 - vi. Presents the final settlement report to the SCCCMHA Board for review and information.
 - c. SCCCMHA Board
 - i. Reviews the final settlement report as submitted to MDHHS.
- 4. Purchase Request**
- a. Purchases under \$3,000
 - i. Program Clerical Staff
 1. Prepares a purchase requisition using the computerized merge shell document, indicating:
 - a. Date requisition typed
 - b. Vendor's complete name and address
 - c. Complete program name and address where items should be shipped.
 - d. Fiscal department number to be charged with the purchase, along with the account number from the Chart of Accounts (Exhibit A), quantity, description and unit price for each item. For capital assets, obtain account coding from the Finance Department. Exhibit A is a list of the commonly used expense accounts only.
 - e. List special ordering instructions on the purchase requisition. Add the fax number listed if the order is to be faxed in. If ordering from a new vendor catalog, include the order form. Make sure to include shipping charges and/or discounts (if applicable) on the purchase requisition.
 - f. Placing orders from vendors that do not require a purchase requisition or purchase order may be done through the use of an Agency credit card or the Agency

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Amazon account. Requests can be submitted via email to the purchasing agent with Supervisors approval attached or simply print off a “shopping cart” then have the supervisor sign and date it and send it up to the purchasing agent to proceed with placing the order. NOTE: Individual account numbers must be identified appropriately.

2. For purchase requisitions and purchase orders only, not credit card requests: Forwards the original (2 copies on green paper) to the Supervisor for review and signature.
- ii. Supervisor
 1. Reviews and signs purchase requisition, verifying availability of program funding and approval for purchase.
 2. Forwards to Administration for review and processing.
 - iii. Administrative Clerical Staff
 1. Retrieves approved purchase requisition from the computer and manually assigns a number.
 2. Forwards to the Chief Financial Officer/Designee for review and signature.
 - iv. Chief Financial Officer
 1. Signs the numbered purchase order and returns to Administrative Clerical staff.
NOTE: The Chief Financial Officer may make necessary changes prior to approving a purchase order. These may include: changing the vendor, combining orders to ensure the best price, correcting account numbers or returning the purchase requisition if no funds or insufficient funds are available.
 - v. Administrative Clerical Staff
 1. Distributes four (4) copies of purchase order as follows:
 - a. White and yellow copy with copy of the green purchase requisition sent to Accounts Payable Clerk for matching with invoice for payment.
 - b. Pink copy filed with invoice for payment.
 - c. Goldenrod copy and green copy returned to program.
 2. Receives delivery of the order and disperses to the appropriate department.
 - vi. Supervisor/Designee
 1. Verifies the order has been received by the purchasing agent, indicating quantity and description of order are all correct. If the order is incorrect, must contact administrative purchasing agent to notify them of any discrepancies before the indicated return policy expires.
 - vii. Administrative Clerical Staff
 1. Attaches the delivery slip to the purchase order and forwards the paperwork for the payment process to the Finance Department, with the approval that the order is complete, satisfactory and is approved to pay.

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- b. Purchases greater than \$3,000 but less than \$150,000 for a single item
- i. Staff
 1. Prepares a purchase request which includes the following:
 - a. Equipment or service to be purchased.
 - b. Any available bids when practical.
 - c. Rationale for how equipment/service is to be used as it relates to SCCCMHA services.
 2. Submits the purchase request to the Chief Executive Officer/Designee for approval.
 - ii. Chief Executive Officer
 1. Reviews the purchase request, approving or denying it within 14 calendar days.
 2. Submits an email to the SCCCMHA Board for all approved purchases of \$100,000 to \$150,000.
- c. Purchases greater than \$150,000 for a single item
- i. Staff
 1. Prepares a purchase request which includes the following:
 - a. Equipment or service to be purchased.
 - b. Three (3) formal bids unless waived by the Chief Executive Officer/Designee based on non-availability of bids, seeking bids is not in the agency's best interest due to facts known and/or timing constraints, or other extenuating circumstances (If bids are not obtained follow procedure d. below)
 - c. Rationale for how equipment/service is to be used as it relates to SCCCMHA services.
 2. Submits the purchase request to the Chief Executive Officer/Designee for SCCCMHA Board approval.
 - ii. Chief Executive Officer
 1. Reviews and recommends decision to the SCCCMHA Board.
 - iii. SCCCMHA Board
 1. Approves or denies the purchase request within 30 calendar days.
- d. Alternative purchase process if bids are not available
- i. Staff
 1. Determines need and project scope.
 2. Obtain approval to obtain pricing and provide a preliminary estimate of cost, +/- 10%.
 3. Select equipment vendors with preference to those that will use GSA or MiDeal pricing.
 4. Select installation contractors using previous contracts that provide pricing or are currently under contract.

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5. Obtain an opinion letter from an outside, disinterested expert regarding the project/pricing.
 6. Forward all pricing to the Chief Executive Officer/Designee for approval.
- ii. Chief Executive Officer
 1. Approves the project/pricing and informs the Board of Directors.
- e. Special Committee member/Advisory Council Member Per Diem Reimbursement
- i. Special Committee member
 1. Completes “Advisory Council Member Waiver of Per Diem” form (Exhibit B) if member does not wish to receive a per diem payment. Submits to program director/designee. The signed waiver form is placed in the SCCCMHA member reimbursement file.
 2. Completes Special Committee/Advisory Council Member Voucher (Exhibit C) denoting meeting date, and type of meeting for per diem reimbursement if attending a special committee/advisory council meeting. The committee chair of the approved committee must sign the form. The form is then submitted to person/address listed at the bottom of the form on a monthly basis.
 3. Obtains prior approval from the Program Director/designee for all committee/council member meetings not sponsored by SCCCMHA. Should membership be approved, completes the “Committee Meeting Follow-up Report,” Form #266 and submits to the Program Director within one (1) week of meeting attendance. If committee/council member travels out of county, SCCCMHA will reimburse for mileage at the IRS approved rate of reimbursement, Form #267.
 - ii. Program Director
 1. Approves per diem form and submits to the Finance Department for payment. Reimbursement will occur in the next available Accounts Payable cycle.

5. Payment of Bills via Check, ACH or Wire Transfer

- a. Payment Processing
 - i. Contract Manager/Staff/Designee
 1. Identifies need for payment to vendor and prepares payment request. All supporting documentation including but not limited to statements, vouchers and contractual agreements must accompany the invoice.
 2. Submits payment request and supporting documentation to Accounts Payable Clerk.
 - ii. Accounts Payable Clerk/Designee
 1. Collects and enters invoices into the Accounts Payable software in a timely manner.
 - iii. Finance Coordinator/Designee

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1. Reviews the invoices entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Approves batch(s) containing the invoices to be posted in the Accounts Payable software.
 2. Provides Accounts Payable Clerk with any corrections that need to be made.
 3. Approves corrections made and communicates to Accounts Payable Clerk that approval and posting is complete.
- iv. Accounts Payable Clerk
1. Selects and processes vendor payments once weekly on Thursday for all invoices that have been received by 5:00 pm on the preceding Friday, which have been approved and posted by the Finance Coordinator.
 2. Delivers check payments to the appropriate requestor and mails out all other check payments of a routine nature directly to the vendor.
- b. Emergency Payment Request
- i. Contract Manager/Staff/Designee
 1. Identifies need based on the definition within the Board Fiscal Responsibilities policy, Section E, for payment to be prepared on a day other than Thursday or for payment requests submitted past the 5:00 pm Friday deadline.
 2. Completes “Emergency check Request” Form #252 and obtains approval of the Chief Financial Officer/Designee and one other member of the Leadership Team.
 - ii. Chief Financial Officer/Designee and Leadership Team Member
 1. Review “Emergency Check Request” and approve or deny payment request.
 - iii. Contract Manager/Staff/Designee
 1. Submits approved “Emergency Check Request” form to Accounts Payable Clerk along with the invoice and supporting documentation.
 - iv. Accounts Payable Clerk
 1. Enters invoice into the Accounts Payable software upon receipt of approved “Emergency Check Request” form and supporting documentation.
 - v. Finance Coordinator/Designee
 1. Reviews the invoice entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Verifies approved invoices to be posted in the Accounts Payable software.
 2. Provides the Accounts Payable Clerk/Designee with any corrections that need to be made.
 3. Approves corrections made and communicates to Accounts Payable Clerk/Designee that approval and posting are complete.

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vi. Accounts Payable Clerk/Designee

1. Selects and processes vendor payment and gives to requestor to be forwarded to the appropriate vendor.

c. ACH Payments and Wire Transfers

i. Chief Financial Officer

1. Is responsible for all ACH payments and wire transfer payments, including payment approval, accounting, reporting and generally overseeing compliance with the resolution for ACH and electronic transactions. Note: Most electronic transfer payments are made by ACH. Wire transfer payments are rarely used.
2. Is responsible for the approval of the “*Vendor/Provider Authorization Agreements for Electronic Funds Transfers*” (Exhibit D) submitted for consideration after assuring that the Accounts Payable Clerk has obtained the verbal confirmation for the initiation of, or change of banking information from the Vendor/Provider organization.
3. Notifies the IT Director, Chief Executive Officer and Chief Operating Officer of suspicious email from Vendor/Provider requesting a change in banking information that has been verbally confirmed as not originating from the Vendor/Provider.

ii. Accounts Payable Clerk

1. Enters all ACH payments in the Accounts Payable system as any other check payment.
2. Is responsible for obtaining a verbal verification from a Vendor/Provider that confirms that they have submitted a “*Vendor/Provider Authorization for Electronic Funds Transfers*” (Exhibit D) for consideration to SCCCMHA.
3. Notifies the Chief Financial Officer and Finance Supervisor immediately if a Vendor/Provider verbally confirms that a change in banking information request did not originate from the Vendor/Provider.
4. Is responsible for creating a “Pre-Note” of the Vendor/Provider’s banking information in the SCCCMHA Finance Accounting system, which is then uploaded by the Chief Financial Officer/Designee into the Northstar Bank online banking system as indicated in Section 5.c.iv and 5.c.v. for verification by Northstar Bank before ACH transactions occur.

iii. Finance Coordinator/Designee

1. Reviews the invoice entered into the Accounts Payable software for proper approval, supporting documentation, accuracy of payment and verification that the appropriate general ledger accounts have been used. Verifies approved invoices to be posted in the Accounts Payable software.
2. Provides the Accounts Payable Clerk/Designee with any corrections that need to be made.
3. Approves corrections made and communicates to Accounts Payable Clerk/Designee that approval and posting are complete.

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- iv. Finance Supervisor
 1. Reviews the batch of ACH payments, ACH Pre-Note, or wire transfer payments for accuracy then uploads the ACH payments or Pre-Note to the bank or completes the wire transfer payment processing fields in the appropriate online banking section.
 2. Confirms with the Accounts Payable Clerk that any change of banking information related to an ACH Pre-Note has been verbally confirmed with the Vendor/Provider and approved by the Chief Financial Officer.
 3. Notifies the Chief Financial Officer if any suspicious changes in banking information request have been requested and Vendor/Provider has confirmed that the request did not originate from them.
 4. Notifies the Chief Financial Officer/Designee that the ACH payments and/or the ACH Pre-Note are ready to be initiated or that a wire transfer requires approval.
 - v. Chief Financial Officer/Designee
 1. Initiates ACH payments or wire transfer payments and notifies the Finance Supervisor and the Accounts Payable Clerk upon completion.
 - vi. Administrative Specialist
 1. Prepares monthly summary of all ACH payments and wire transfer payments for approval by the SCCCMHA Board.
 2. Completes the monthly bank reconciliation.
 - vii. Chief Financial Officer
 1. Submits to the Chief Executive Officer/Designee documentation detailing the date of payment, payee, amount of payment and description/reason for payment for SCCCMHA Board approval.
 - viii. SCCCMHA Board
 1. Approves all ACH payments or wire transfer payments submitted on the vendor check register.
- 6. Payroll Processing**
- a. Payment Processing
 - i. Payroll Clerk/Designee
 1. Is responsible for assuring that the processing of payroll incorporates steps to ensure that employees receive compensation on the day (or days) as established by the Agency. Tasks include the calculation of wages, calculation of voluntary and statutory deductions; determining benefit time and accrual adjustments (e.g. vacation, sick, personal, holiday); and double checking payroll for accuracy prior to submission of payroll processing into ADP.
 - i. Required taxes are withheld from pay checks in accordance with IRS regulations, the State of Michigan and the City of Port Huron.

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- ii. Voluntary deductions, such as retirement contributions and health benefit premium costs to employees are withheld as the employee has agreed to them.
 - 2. Is responsible for obtaining the completed and signed SCCCMHA “*Authorization Agreement for Automatic Deposits*” form from the employee. (Exhibit E)
 - i. If the form is submitted via email or any in any other manner other than directly handed to the Payroll Clerk, the Payroll Clerk is responsible for obtaining a verbal confirmation from the employee that they submitted an “*Authorization Agreement for Automatic Payroll Deposits*” as well as confirming the information included on the form.
 - ii. In the event that the employee does not have a bank account to receive a direct deposit of their pay check arrangements will be made with ADP for them to receive a paper check.
 - 3. Is responsible for bringing any unforeseen situations of overpayment to the CFO for a determination of how to proceed in accordance with state laws, collective bargaining agreements, contracts or other established policies.
 - 4. Is responsible for reporting lost checks to ADP to be void and, providing the employee with a replacement check in accordance with ADP payroll processing procedures, once it has been clearly established that the employees check has either been lost or accidentally destroyed.
 - 5. Is responsible for maintaining payroll records in accordance with the Agency records retention policy.
 - 6. Is responsible for assuring that Management is provided with the appropriate payroll reporting in order to monitor current staffing and budget variances.
 - 7. Is responsible for the remittance of the payroll liabilities and voluntary deductions to the appropriate taxing authority or vendor in a timely manner.
- ii. Finance Administrative Specialist/Designee
 - 1. Is responsible for reviewing and reconciling each payroll for accuracy prior to submission of payroll processing into ADP.
 - i. If discrepancies are noted, works with the Payroll Clerk to identify and assist with corrections if necessary.
- iii. Chief Financial Officer/Designee
 - 1. Is responsible for the approval of the SCCCMHA “*Authorization Agreement for Automatic Deposits*” (Exhibit E) submitted for consideration after assuring that the Payroll Clerk has obtained the verbal confirmation for the initiation of, or change of banking information from the Vendor/Provider organization.
 - 2. Notifies the IT Director, Chief Executive Officer and Chief Operating Officer of suspicious email from Vendor/Provider requesting a change in banking information that has been verbally confirmed as not originating from the Vendor/Provider.

7. Credit Cards

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- a. Leadership Team
 - i. Determines staff requiring Agency provided credit cards and credit limits on same utilizing Form #258, "Request for Staff Credit Card."
- b. Chief Financial Officer/Designee
 - i. Provides the necessary paperwork to obtain necessary credit cards from the issuing company.
 - ii. Makes sure approved credit limits in aggregate does not exceed .5% of the total budgets of SCCCMHA.
- c. Credit Card Holder (Staff)
 - i. Obtains and maintains required documentation (receipt) for all goods or services purchased, including cost, date of purchase, business purpose, and description.
 - ii. Provides a monthly summary on form #251, "Credit Card Charge Log," of all purchases, including date of purchase, vendor name, cost and business purposes of expense.
 - iii. Attaches copies of receipts to monthly summary and submits to immediate supervisor for review and approval.
- d. Supervisor
 - i. Reviews for appropriateness, approves or denies select items.
 - ii. Submits to Accounts Payable Clerk, approved items for matching with monthly statement and payment by due date.
 - iii. Submits denied purchases to payroll for deduction from subsequent pay check of applicable staff or have staff reimburse the Agency directly.
- e. Credit Card Holder (Staff)
 - i. Reports the loss or theft of credit card to immediate Supervisor and Accounts Payable Clerk as soon as is practical upon discovery. Complies with all requirements for cancellation of missing card and re-issuance of new card.
 - ii. Surrenders credit card at termination of employment to their Supervisor, who will in turn return it to the Accounts Payable Clerk.
- f. Account Payable Clerk
 - i. Reports the loss or theft of credit card to the issuing company as soon as is practical upon discovery.
 - ii. Makes payment to avoid interest charges unless unavoidable due to unusual circumstances. In no case will the payment be more than 60 days from the initial statement date.

8. Capital Asset Management

- a. Finance Supervisor/Designee
 - i. Record and maintain fixed assets and capitalized purchases in the general ledger.

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- ii. Maintain a detailed schedule for all fixed assets, additions and deletions. When the information becomes available, the detailed schedule will be updated to include information regarding the date of purchase, description, amount and depreciation terms for individual items.

9. Charitable Fund Accounts and Donations

a. Charitable Fund Accounts (with the Exception of the Endowment Fund)

- i. Staff Member on Behalf of Individual Served
 - 1. Consults with Supervisor on the identified special need of an individual served, efforts to obtain funding for the need, and ultimately the desire to request funds from a special charitable fund account.
 - 2. Completes the “Special Fund Account Request” form #257, including detailed rationale for the need and identification of the most appropriate account, and obtains the necessary signatures signifying approval.
 - 3. Completes an Emergency Check Request, if funding is needed outside of the regular Accounts Payable timeframe, obtains signatures of approval, and forwards with the “Special Fund Account Request” form to the Accounts Payable Clerk.
- ii. Accounts Payable Clerk
 - 1. Receives the approved “Special Fund Account Request” form (and Emergency Check Request, if applicable).
 - 2. Processes the paperwork following the “Payment of Bills” procedures and issues the payment from the Special Fund Account.
- iii. Administrative Specialist
 - 1. Follows the processes as described in the “Payment of Bills” procedures for the payment.
 - 2. Maintains a spreadsheet of all expenditures made from each of the Special Fund Accounts.
 - 3. Prepares a monthly report of the Special Fund Accounts activity.

b. Community Foundation Endowment Fund

- i. Community Foundation
 - 1. Provides a fund Statement to SCCCMHA on a quarterly basis that includes all fund activity as well as the net income or “spendable” balance.
 - 2. Maintains records of all donations, expenses and income.
- ii. Individual Identifying an Unmet Need (Staff)
 - 1. Consults with Supervisor or discusses with a member of the Leadership Team, the desire to access funds from the Endowment Fund to cover an identified unmet need.

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2. Completes the “Special Fund Account Request” Form #257, including detailed rationale for the need, requested use of Endowment funds, and obtains the necessary signatures signifying approval.

iii. Chief Executive Officer

1. Ensures requests in the amount of \$50,000 or higher from the Community Foundation Endowment fund are reviewed and approved by the SCCCMHA Board.

iv. Chief Financial Officer

1. Sends a request by email to the Community Foundation with an explanation of the need for funds and requested funding amount, understanding that receipt of the funds may take 1-2 weeks after the Foundation approves the request.

2. Provides the SCCCMHA Board an annual accounting of the revenues and expenses of the Endowment Fund.

c. Receipt of Charitable Donations

i. Division Director/Supervisor

1. Accepts items that the Agency wants or can use. Informs the donor of other agencies/organizations who may be in need of the item if not accepted by SCCCMHA.

2. Notifies the Chief Financial Officer/Designee of all donations.

ii. Finance Department Staff

1. Informs the Chief Executive Officer/Designee of the donation

2. Ensures that the receipt of the donation is properly recorded and deposited if monetary.

3. Furnishes the donor with a receipt upon request.

4. Records applicable equipment items in the inventory record if in-kind donations are valued at \$5,000 or more.

iii. Chief Executive Officer

1. Sends a letter of acknowledgement to a donor that has made a charitable donation to SCCCMHA for tax purposes.

VI. REFERENCES:

None

V. EXHIBITS:

- A. Chart of Accounts
- B. Per Diem Information Form or Waiver of Per Diem
- C. Committee/Advisory Council Meeting Member Voucher

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- D. SCCCMHA Authorization Agreement for Electronic Funds Transfer
- E. SCCCMHA Authorization Agreement for Automatic Payroll Deposits

CHART OF ACCOUNT NUMBERS

Acct. #	Term	Descriptions
53040	Employee Employment Expense	Drug Tests, Job Postings, Job Placement Fees
53050	Employee Appreciation	Employee recognition items, lunches, etc.
60010	Office Supplies	Paper, Copy & Fax Machine Supplies, toner for printers , Pens, Calendars, etc.
60020	Printing	Printing of Letterhead, Return Address Envelopes, Business and/or Appointment Cards (Printing Cost Only)
60110	Postage	U.S. Postage Stamps, Certified Mail, United Parcel Service, Postage for Postage Meter
60120	Freight and Express	Moving of office furniture, freight charges on purchases, etc.
60210	Food Supplies	Items purchased with intent to prepare food.
60220	Kitchen Supplies	Cups, Coffee Stir Sticks, Silverware, Utensils, etc.
60230	Uniforms	Galley
60310	Consumer Supplies	Items used for clients.
60320	Medical Supplies	Self-Explanatory.
60340	Bus Tickets	For Individuals we serve.
60430	Software Purchases	Cost of software (does not include license and maintenance fees) Less than \$5,000
61000	Membership & Dues	Cost of Memberships for programs/agency – not individuals
62100	Travel	Cost of monthly mileage allowance.
62150	Travel - Other	Cost of travel related expenses other than mileage, such as parking, meals, etc.
62310	Training Supplies and Materials	Cost of books, videos, pamphlets, etc. that aid in Agency training
62320	Books, Magazines	Subscriptions to magazines or purchase of books.
62330	Testing Materials	Cost of Testing Materials Used for clients.
62340	Public Training & Education	Brochures, Seminars that you sponsor, etc.
62350	Employee Training	Seminars, workshops, or other educational sessions for staff.
64110	Utilities	Cost of Heat, Lights, Gas and/or Water Payments
64200	Telephone	Cost of monthly telephone charges and/or installation.
64310	Janitorial Supplies	Trash bags, cleaning agents, toilet paper, paper towels, tissues, etc.
64320	Building Repair and Maintenance	Grass seed, rock salt, snow shovel, rake, etc. Cost of Janitorial Services, Snow Removal, Trash Pick-up, etc.
64330	Fire Fighting Supplies	Fire Extinguishers or the cost of service on them.
65200	Advertising	Cost of advertisements (i.e., Radio, Billboards, etc.)
65300	Marketing Costs	Marketing supplies such as pens, clothing, etc.
66020	Office Equipment Repair & Maintenance	Cost of Service to Typewriters, Copy Machines Calculators, Printers & Computers
66110	Computer Components <\$500	Replacement parts, cables, keyboards, etc., which <u>does not</u> exceed \$500.
66210	Office Equipment	Cost of Office Equipment which does not exceed \$5,000.
66220	Equipment Repair and Maintenance	Cost of Service for Vacuum cleaners, refrigerators.
66410	Equipment Rental	Cost of Equipment Rental (i.e., Postage Meters)
67010	Gas, Oil, and Grease	Cost of Gas, Oil and Grease used in the vans/cars.
67040	Vehicle Repair	Cost of Tune-up, Oil changes, Maintenance on Vans/Cars

DEPARTMENT NUMBERS

Dept. #	Program	
1110	General Administration	
1115	Community Service	
1120	Human Resources	
1130	Transportation	
1140	Public Relations/Community Relations	
1150	Training	
1160	CSCB	
1165	Community Resource Fair	
1170	SOS Activities	
1175	Community Car Seats	
1180	Housing Symposium	
1185	CIMS	
1210	Financial Management	
1310	Information Technology	
1320	Data Management	
1410	Provider Network Management	
1510	Utilization Management	
1530	Hospital Liaison	
1620	Recipient Rights	
2210	Adult	
2310	Children's	
2320	Children's Autism	
2330	Children's Waiver	
2340	SED Waiver	
2410	Physicians	
2420	Nurses	
2510	Galley	
2515	In Shape	
2520	Arts	
2525	C.I.S.	
2530	Home Based	
2535	DTNW	
2540	C.I.U.	
2545	DBT	
2550	Mobile Crisis Unit	
2555	IPS	
2560	AOT	
2565	Residential Supports	
2570	ACT	
2575	SIS	
2580	SUD	
2595	Infant MH Prevention	
3110	Electric Avenue	
3120	Marie City	
3130	Capac	
3150	Children's Services Bldg	
	Grants / Special Funds	Contact Danielle Hazlewood

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
3111 ELECTRIC AVENUE, PORT HURON, MI 48060-5416
PHONE: (810) 985-8900 ~ FAX: (810) 985-7620

Dear Committee Member/Board/Advisory Council Member:

Thank you for agreeing to serve as a member of a designated board, committee or advisory council. Your input is a very important element of the decision making processes regarding our services.

In order to help sustain this citizen input, our Board has established a per diem payment of \$30.00 for attendance at these activities. You are eligible to receive one per diem for each day you attend a meeting or session. If you are appointed to attend a meeting representing SCCCMHA outside of St. Clair County you can submit for mileage at IRS approved mileage rate.

Per diems are paid by check in the next available payables cycle. You must complete the attached per diem form and return it to our Administration office at the above address. You can expect to receive your check approximately three (3) weeks after you have submitted your per diem form.

Please complete the information at the bottom of this letter and return it to Associate Director/designee at the SCCCMHA Administration office at the above address. This information is required so that we can process checks payable to you. If you do not wish to receive the per diem, please complete the Waiver of Per Diem form and return to our Administration office.

Thank you again for agreeing to serve. If you have any questions, please call the St. Clair County Community Mental Health Administration office at (810) 985-8900.

Sincerely,

Debra Johnson
Chief Executive Officer

Name: _____

Address: _____

Social Security Number: _____

My signature indicates I have read and am in agreement with policy 07-003-0005.

Signature: _____ Date: _____



St. Clair County Community Mental Health Authority

Promoting Discovery & Recovery Opportunities for Healthy Minds & Bodies

SCCCMHA BOARD/ADVISORY/COMMITTEE MEMBER WAIVER OF PER DIEM

Debra B. Johnson
Chief Executive Officer

Mohammad Saeed, MD
Medical Director

Nancy Thomson
Board Chairman

I am requesting that I not receive a per diem for my service on the “Fill in the Name of the Board/Committee/Advisory Council”. I will still receive my travel reimbursement at the approved IRS rate. This election is effective _____ and will remain in effect through my tenure as a Board/Advisory/Committee member or until such time that I request (in writing) to end this waiver.

Name: _____
(Please Print)

Signature: _____

Date: _____

cc: Chief Executive Officer
Chief Financial Officer
SCCCMHA Board/Advisory/Council Member File

COMMITTEE/ADVISORY COUNCIL MEETING MEMBER VOUCHER

St. Clair County Community Mental Health Authority

Name: _____

Date Submitted: _____

Address: _____

Date Covered: _____ Through: _____

Date	Committee	Per Diem	Total
		\$	\$
Totals:		\$	\$

Signed

Approved by:

Committee/Advisory Council Member:

Thank you for serving as a member of a designated committee or advisory council. Your input is a very important element of the decision making process regarding our services.

Per diems are paid by check in the next available payroll cycle. Please complete this form and return it to:

Kathleen Gallagher, Program Director
St. Clair County Community Mental Health Authority
3111 Electric Avenue
Port Huron, MI 48060

If you have any questions, please call Kathleen Gallagher, Program Director, at (810) 966-7857.

St. Clair County Community Mental Health Authority

COMMITTEE MEETING FOLLOW-UP REPORT

This form must be completed within one (1) week following the conference/workshop attended.

SECTION I

Name: _____ Date: _____

Name of Meeting: _____

Date(s) Attended: _____

SECTION II

Write a brief synopsis of the content of the meeting:

Important points for SCCCMHA Administration to know regarding this meeting:

Note: Form must be submitted prior to payment disbursement.

cc: Chief Executive Officer

St. Clair County Community Mental Health Authority AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFERS

Vendor Information

Check one: New Enrollment Change Account Information

Business Name:		
Tax ID/EIN:		
Street Address:		
City:	State:	Zip:
Contact Name:		Phone:
Email Address for Remittance:		

Financial Institution Information

Bank Name:	
Bank Routing #:	Bank Account#:

Account Type: Savings Checking

BE SURE TO INCLUDE A VOIDED CHECK OR BANK CONFIRMATION LETTER WITH YOUR SUBMISSION.

Authorization

I hereby authorize St. Clair County Community Mental Health to deposit my payment into the account listed above. This authority will remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Name _____ Title _____

Signature _____ Date _____

Please Return completed and signed form by email or mail with an attached copy of a voided check:

St Clair County Community Mental Health Authority
c/o CONFIDENTIAL – Heather Feher
3111 Electric Ave.
Port Huron, MI 48060

Email: HFEHER@SCCCMH.ORG

.....
In Office Use Only:

Verbal confirmation of banking information change by: _____ Date: _____

Finance Director Approval: _____ Date: _____

St. Clair County Community Mental Health Authority

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

Employee Information

Check one: New Enrollment Change Account Information

Employee Number: _____

Name: _____
(as it appears on bank account)

Address: _____

Financial Institution Information

Financial Institution Name: _____

Address: _____

Account #: _____ Routing #: _____

Account Type: Savings Checking

Direct Deposit \$: _____

**A copy of a voided check or deposit slip must accompany this authorization*

Authorization

I hereby authorize St. Clair County Community Mental Health to deposit my payroll earnings into the account listed above and if necessary debit entries or adjustments for any deposits made in error to my (our) account. This authority will remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Signature _____ Date _____

.....
In Office Use Only:

Verbal confirmation of banking information change by: _____ Date: _____

Finance Director Approval: _____ Date: _____
