<u>LAPEER COUNTY COMMUNITY MENTAL HEALTH</u> <u>Date Revised</u> 8/16/12; 03/11/14, 12/12/17; 07/31/18;01/02/20; 05/14/21

CHAPTER	CHA	PTER	SECTIO	N SUBJECT
Administrative	01		001	05
SECTION		DESCRIP1	TION	
Governance/Leadership		Policy Man	ıual	
WRITTEN BY	REVISE	D BY	7-171-171-171-171-171-171-171-171-171-1	AUTHORIZED BY
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QIAA			·	CEO

APPLICATION:

⊠CMH Staff	⊠Board Members	⊠Provider Network	⊠Employment Services Providers
⊠Employment Services Provider Agencies	⊠Independent Contractors	⊠Students	⊠Interns
⊠Volunteers	⊠Persons Served	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

POLICY:

Lapeer County Community Mental Health (LCCMH) maintains a policy manual conveniently organized and easily accessible to persons served, stakeholders, board members and staff.

PROCEDURES:

- A. The policy and procedure format is consistent with the format used by the Region 10 Pre-Paid Inpatient Health Plan (PIHP) and is cross-referenced to the Region 10 PIHP policies, the PIHP Services Contract, and LCCMH's accrediting body, the Commission on Accreditation of Rehabilitation Facilities (CARF).
- B. All policies and procedures are assigned a chapter, section, and subject number. The description is the title of the policy. All policies are given an issue date and have space for a revision date as well as the name of the original author and the name of the person issuing the revision.
- C. The policies are in electronic format and stored in the staff *Shared Folder* under "policy manual". All policies are hyperlinked to the Table of Contents and can be accessed by clicking on the title of the policy desired on the Table of Contents page. Policies are also posted on the LCCMH website at www.lapeercmh.org to allow access by persons served and stakeholders.

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- D. The Chief Executive Officer (CEO) or their designee(s) will develop new policies and procedures as well as revise current policies and procedures as needed.
- E. All staff are encouraged to provide input related to any aspect of their job or to the agency operations in general. Input provided by a staff member will go to their supervisor to review and submit to the Quality Improvement Coordinator.
- F. If a new policy is needed, the CEO can approve the policy, but the policy still requires a full review by the LCCMH Standards Committee.
- G. New policies will be submitted to the Quality Improvement Supervisor for an assigned permanent number. The policy will be reviewed by the management team when applicable. If approved, the policy will be signed by the CEO.
- H. The Board's Standards Committee will review and recommend all new and revised policies on an ongoing basis.
- When a policy is a revision of a previous policy, a notation will be placed in the upper right corner referencing the date of the most current revision as well as previous revision dates.
- J. The Standards Committee Meeting minutes with approved policy changes are sent to the Committee of the Whole meeting to confirm the actions taken by the Standards Committee.
- K. At the Board's annual organizational meeting, the LCCMH Policy and Procedure Manual will be approved.
- L. The original paper copy, signed Policy and Procedures are kept in a loose-leaf Policy Manual Binder in order of Chapter, Section and Subject and are stored in the Quality Improvement Coordinator's Office.
- M. The Quality Improvement Supervisor will email a notice of new or revised policies to all agency staff.

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- N. Maintaining the Policy and Procedure Manual, tracking the review process, and updating the Table of Contents is assigned to the Quality Improvement Coordinator as part of the quality improvement functions.
- O. The Quality Improvement Coordinator posts updated policies to the agency webpage.

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	This policy supersedes
	#05/03025 dated 05/22/2003.