

## NORTHCARE NETWORK

<b>POLICY TITLE:</b> Policy/Procedure Development & Management	<b>CATEGORY:</b> Governance	
<b>EFFECTIVE DATE:</b> 8/1/12	<b>BOARD APPROVAL DATE:</b> 8/1/12	
<b>REVIEW DATE:</b> 11/10/22	<b>REVISION(S) TO POLICY STATEMENT:</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>OTHER REVISION(S):</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESPONSIBLE PARTY:</b> Executive Assistant to the CEO	<b>CEO APPROVAL DATE:</b> 12/6/22 Dr. Tim Kangas, CEO	

### **APPLIES TO**

NorthCare Network Personnel  
Member CMHSPs

### **POLICY**

NorthCare Network maintains policies and procedures that establish accountability for ensuring quality clinical and administrative services for which the PIHP is responsible.

### **PURPOSE**

The purpose of this policy is to outline a uniform process for the development, review, revision, rescission, and approval of written policies and procedures including document management and time frames. Policies provide direction and guide an organization's decision-making; whereas procedures map out the steps for personnel to follow to perform a particular function and to operationalize policy. Procedures are typically developed through a collaborative interpretation of rules, regulations and/or policy.

### **DEFINITIONS**

1. ***Applies To*** - who must adhere to the policy/procedure. The policy/procedure may apply to these groups:
  - *NorthCare Network Personnel* - refers to personnel assigned to NorthCare Network on a full-or part-time basis, students, volunteers, interns, and Board Members as applicable.
  - *Network Providers* - refers to all providers employed or under contract/sub-contract with NorthCare Network and includes Member CMHSPs, SUD, and other community Providers as applicable.
  - *Member CMHSPs*
  - *SUD Providers*
  - *Community Providers*
2. ***Policy*** – Policy statement, brief but direct and to the point.
3. ***Purpose*** – Rationale for policy statement – more detailed than policy statement; may include citations of rules, regulations, etc.
4. ***References*** – List of applicable standards, rules, regulations, contracts/agreements, etc. (to provide more clarification of who/what/why)

5. **Standard Operating Procedures** – Procedures developed to aid in ensuring consistency in performing specific functions and processes.
6. **Board Approval Date** – indicates date of approval of a new policy or changes to the policy statement of an existing policy.
7. **Chief Executive Officer (CEO) Approval** – indicates date of NorthCare Network CEO review and Approval of policies and procedures.
8. **Effective Date** - original Effective date of this policy/procedure.
9. **Responsible Party** – indicates position responsible to conduct and/or ensure review, collect feedback, and complete necessary revisions to this policy/procedure.
10. **Review Date** – indicates date of responsible party review for recommendation to Policy Committee.
11. **Rescind Date** – Indicates date approved to rescind policy and no longer in effect.

## **REFERENCES**

- Michigan Mental Health Code, Act 258 of 1974, Chapter 2
- Michigan Department of Health and Human Services
- MDHHS/PIHP Contract
- Balanced Budget Act
- Applicable Accreditation Standards

## **HISTORY**

NEW POLICY: 7/17/12

REVISION DATE: 01/10/13, 1/30/13, 9/13/13, 8/27/14, 12/3/14, 5/1/15, 2/17/16, 12/1/16, 2/23/17, 12/20/17, 5/14/18, 9/19/18, 7/15/19, 5/15/20, 3/17/21, 11/10/22

REVIEW DATE: 01/10/13, 1/30/13, 9/13/13, 8/27/14, 12/3/14, 5/5/15, 2/17/16, 12/1/16, 2/23/17, 12/20/17, 5/14/18, 9/19/18, 7/15/19, 5/15/20, 3/17/21, 1/18/22, 11/10/22

CEO APPROVAL DATE: 7/12/12, 1/10/13, 1/30/13, 9/13/13, 8/27/14, 12/3/14, 5/5/15, 3/7/16, 12/6/16, 3/8/17, 1/8/18, 6/5/18, 10/2/18, 8/6/19, 6/2/20, 4/6/21, 2/1/22, 12/5/22

BOARD APPROVAL DATE: 8/1/12

## **PROCEDURES**

All new and current policies and procedures will be reviewed and approved by the NorthCare Network CEO. The NorthCare Network Governing Board approves all new policies, any significant changes to current policy statements, and rescinded policies.

Current policies and procedures are reviewed annually (month/year to month/year) and approved by the CEO. If there are any approved changes, they are disseminated, communicated, and made effective within the 12-month time frame.

All policies and procedures need to be reviewed and updated at time of new or changes to the MDHHS/PIHP contract as well as relevant state/ federal laws or regulations and approved by the CEO.

## A. New/Revisions to Policy/Procedures

1. All NorthCare Network Policy and Procedures will be written using NorthCare Network's approved policy and procedure format and policy writing guidelines.
2. All policies and procedures will be categorized by functional areas as listed below:
  - Access (A)
  - Compliance (C)
  - Clinical Practices (CP)
  - Contract Management (CM)
  - Customer Services/Recipient Rights (CR)
  - Financial Management (FM)
  - General Management (GM)
  - Governance (G)
  - Information Management (IM)
  - Personnel (P)
  - Provider Network Management (PNM)
  - Quality Assessment and Performance Improvement (QI)
  - Substance Use Disorder (SUD)
  - Utilization Management (UM)
3. The identified Responsible Party will:
  - a. determine the need for written policies/procedures
  - b. determine the need for review/revision of current policies/procedures based on changes in contract, laws, rules, regulations., etc.
  - c. involve others in the development/revision/approval of a policy and procedure as needed, including but not limited to: NorthCare Network personnel, members of regional committees and/or workgroups, Customer Services Committee members, participating providers, and other stakeholders as appropriate.
4. Review: Prior to the adoption, modification or rescission of a Policy or Procedure, the Responsible Party may solicit the comments of some or all personnel and/or participating providers and/or the advice of the General Counsel. In the event the Responsible Party requests comments the period for comment shall in no event exceed 14 calendar days from the date of the request. Comments may be solicited using the most efficient method available.
5. Proof of a written policy and procedure approval will be evident by the date of CEO approval noted on each policy/procedure, the policy/procedure master spreadsheet, and applicable policy committee meeting minutes.

6. All Policies/Procedures will be implemented upon approval of the CEO, Board or effective date indicated on the policies/procedures.
7. NorthCare Network's Executive Assistant to the CEO is responsible for posting all approved policies on NorthCare Network's Website at [www.northcarenetwork.org](http://www.northcarenetwork.org) and for sending notice to CMHSP QI Coordinators and NorthCare personnel. The Provider Network Specialist will be responsible for sending notices to all Network Providers.
8. All policies and procedures must be current and accessible to all NorthCare Network personnel. All policies and procedures will be filed electronically on the NorthCare Network "shared" drive.
9. NorthCare Network personnel and Network Providers are to ensure that operations are consistent with approved policies and procedures.
10. NorthCare Network policies and/or procedures may not be less stringent than required by statute, contract or law, but in the event any are more stringent that standard will apply.
11. NorthCare Network will maintain a master list of policies and procedures which includes the effective date, review date, most recent revision date, approval date, and the approval authority. The master list will also identify when a policy or procedure has been rescinded.

#### B. Rescinding an Existing Policy/Procedure

1. The Responsible Party must make a request to the CEO to rescind an existing Policy or Procedure. The rescission must be documented in writing and must include the reasons for the rescission. A rescinded policy must also be approved by the Governing Board.
2. Rescinded policies and procedures will not be deleted from the electronic filing system and will be retained in the historical file for a minimum of ten years.

#### C. Compliance with Written Policy/Procedures

NorthCare Network personnel are required, by their job description, to comply with all applicable policies and procedures of the organization. Compliance is monitored via annual personnel performance evaluations.