

BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE

Agenda for August 21, 2024 at 8:30 AM

1. Call to Order
 - a. Roll Call
 - b. Approval of the Agenda*
2. Public Comment
3. Unfinished Business
 - a. Financial Controls Policy* - pg 3
4. New Business
 - a. Health Officer Evaluation Process – pg 33
 - b. Quality Improvement Policy & Plan - pg 34
5. Public Comment
6. Adjournment - Next meeting: Full Board meets August 22, 2024. PPA next meeting is scheduled for September 18, 2024

Public Comment:

For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Speakers are requested to provide comments that are civil and respectful. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity.

PUBLIC COMMENT

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Program: Administration	Effective Date: 5/23/2024
Subject: Financial Controls Policy	Last Updated:

Purpose: To establish controls to mitigate key areas of risk.

Policy Statement: The Branch-Hillsdale-St. Joseph Community Health Agency will maintain accounting controls with segregation of duties, where feasible with current staffing levels, to mitigate key areas of risk. When duties cannot be segregated, compensating controls will be used.

Implementing Procedure:

I. Introduction

This document describes all accounting policies and procedures currently in use at Branch-Hillsdale-St. Joseph Community Health Agency and to ensure that the financial statements conform to generally accepted accounting principles; assets are safeguarded; guidelines of grantors and donors are complied with; and finances are managed with accuracy, efficiency, and transparency.

All Branch-Hillsdale-St. Joseph Community Health Agency’s staff with a role in the management of fiscal and accounting operations are expected to comply with the policies and procedures detailed herein.

These policies will be reviewed annually and revised as needed by the staff and approved by the Admin Service Director, the Health Officer, and the Board of [DirectorsHealth](#).

II. Division of Responsibilities

The following is a list of personnel who have fiscal and accounting responsibilities:

A. Board of Health

1. Reviews and approves the annual budget
2. Reviews annual and periodic financial statements and information
3. ~~Reviews and e~~Establishes the salary scale ~~and then reviews~~
4. Reviews the Health Officers performance annually and establishes the salary
5. Reviews and approves all non-budgeted expenditures over \$5,000

B. Health Officer

1. Signs all issued checks
2. Reviews and approves all grant submissions

Reviewed Date:

3. Is on-site signatory for all bank accounts
4. Reviews and approves all contracts and leases
- 4.5. Sees that an appropriate budget is developed annually

C. Administrative Services Director

1. Reviews and approves all financial reports
2. Sees that an appropriate budget is developed annually Assists the Health Officer in developing an annual budget
3. Reviews and signs all issued checks
4. Approves all program expenditures
5. Reviews and approves all journal entries and bank statements
6. Reviews and approves all monthly/quarterly grant expenditure reports in Egrams
7. Reviews and maintains internal accounting controls and procedures
8. Oversees expense allocations
9. Monitors grant reporting and appropriate release of temporarily restricted funds
10. Monitors and makes recommendations for asset retirement and replacement
11. Handles all FOIA request Serves as the FOIA Coordinator
12. Reviews and monitors all building maintenance request

D. Accountant

1. Overall responsibility for data entry into accounting system and integrity of accounting data
2. Monitors program budgets
3. Reviews payroll
4. Reviews and manages cash flow
5. Develops the annual and amended program budgets
6. Receives and opens accounting department mail
7. Monitors grant reporting
8. Oversees expense allocation
9. Prepares monthly and year-end financial reporting
10. Enters grant budgets in Egrams
11. Enters grant expenditure reporting in Egrams
12. Reconcile bank accounts
- ~~12.~~ 13. Is an authorized signer for all checks

E. HR Specialist

1. Reviews payroll and is responsible for all personnel files

F. Fiscal Support Specialist

1. Processes payroll
2. Enters accounts payable invoices
3. Prints & mails checks
4. Receipts cash & checks

G. Administrative Support Clerk

1. Creates purchase orders
2. Makes bank deposits

III. Chart of Accounts and General Ledger

Branch Hillsdale St Joseph Community Health Agency has designated a Chart of Accounts

specific to its operational needs and the needs of its financial statements. The Chart of Accounts is structured so that financial statements can be shown by natural classification (expense type) as well as by functional classification (program vs. fundraising vs. administration). The Admin Service Director is responsible for maintaining the Chart of Accounts and revising as necessary. The Chart of Accounts is attached to this [policy manual](#) as an ~~an~~ addendum [A](#). The general ledger is automated and maintained using our accounting software. All input and balancing is the responsibility of the accountant with final approval by the Admin Service Director. The Admin Service Director should review the general ledger on a periodic basis for any unusual transactions.

IV. **Cash Receipts**

Cash receipts generally arise from

1. Contracts and grants
2. Fee for service
3. Immunization billing
4. Intergovernmental transfer

The principal steps in the cash receipts process are detailed in the agency's Collection of Money Policy [which is attached as addendum B-](#)

V. **Inter-Account Bank Transfers**

The Accountant monitors the balances in the bank accounts to determine when there is a shortage or excess in the account. The Accountant recommends to the Administrative Services Director when a transfer should be made to maximize the potential for earning interest. The Accountant is directed in writing when to make a transfer and in what amount. A copy of the transfer is given to the Administrative Services Director.

VI. **~~Funds~~Cash Disbursements & Expense Allocations**

~~Funds~~Cash disbursements are generally made for:

1. Payments to vendors for goods or services
2. Staff training and development
3. Memberships and subscriptions
4. Meeting expenses
5. Employee reimbursements
6. Marketing/promotional materials

Checks are processed bi-weekly. Invoices submitted to the Fiscal Support Specialist by Wednesday of the payable week will be processed and paid that Friday. Checks can be prepared manually within one day, but this should be limited to emergency situations.

Requests for cash disbursements are generally submitted in the following ways:

1. Original Invoice
2. Purchase request (submitted on approved form and signed by Director)
3. Employee training request form (submitted on approved training form and signed by the Director)

All invoices must have the account and program codes written on them, and be approved by the division Director, the Administrative Services Director, or the Health Officer.

Every employee reimbursement or purchase request must be documented on the approved training form with itemized receipts attached.

Other expenditures must include a receipt from the vendor detailing all goods or services purchased/provided.

The Accountant reviews all requests for payment and:

1. Verifies expenditures and amounts
2. Approves for payment if in accordance with budget
3. Provides or verifies appropriate allocation information, including general ledger account code, program code, or distribution code
4. Provides date of payment, taking into account cash flow projections
5. Returns to the Fiscal Support Specialist for completion

The Fiscal Support Specialist processes all payments and:

1. Enters them into the Accounts Payable module of the accounting system
2. Prints checks according to allocation and payment date provided by the Accountant
3. Submits check listing, voucher, and documentation to Administrative Services Director for approval
4. Stamps invoice paid
5. Mails checks and/or processes bank transfers
6. Scans all invoices and backup documentation into Docuphase
7. Runs accounts payable aging report at the end of each month to assure timely payment of all invoices.

Expense Allocations

Expenses that benefit more than one cost center will be distributed following the agency's Cost Allocation Plan [which is attached as addendum E](#).

VII. Credit Card Policy and Charges

All staff members who are authorized to carry/use an organization credit card will be held personally responsible in the event that any charge is deemed personal or unauthorized. Unauthorized use of the credit card includes: personal expenditures of any kind; expenditures which have not been properly authorized; meals, entertainment, gifts, or other expenditures which are prohibited by budgets, laws, and regulations, and the entities from which Branch-Hillsdale-St. Joseph Community Health Agency receives funds.

The receipts for all credit card charges will be given to the Fiscal Support Specialist within (2) weeks of the purchase along with proper documentation. The Fiscal Support Specialist will verify all credit card charges with the monthly statements. A copy of all charges will be attached to the monthly credit card statement and submitted to the Accountant for review and approval.

Additional information can be found in the agency's P-Card and Wal-Mart Card Policy [which are attached as addendum C](#).

VIII. Accruals

To ensure a timely close of the general ledger to produce financial statements, the Branch-Hillsdale-St. Joseph Community Health Agency may book accrual entries. Some accrual entries will be made as recurring or reversing entries.

IX. Bank Account Reconciliations

Accountant

1. Receives all bank statements

2. Reviews all bank statements for unusual balances and/or transactions
3. Reconciles the statement ensuring that the dates and amounts shown in the accounting system match the bank statement.
4. Investigates any rejected items
5. Compares cleared checks with the accounting record, including amount, payee, and sequential check numbers
6. Verify that voided checks, if returned, are appropriately defaced and filed
7. Investigate any checks that have been outstanding for more than 6 months
8. Attach the completed bank statement to the reconciliation report, along with any other documentation and provide it to the Administrative Services Director.

Administrative Services Director

1. Reviews, approves, and signs bank reconciliation reports

X. Petty Cash Fund

Petty cash funds are maintained by the organization for miscellaneous or unexpected purchases that do not exceed \$20.

1. There is a petty cash fund located in the Coldwater, Three Rivers, and Hillsdale offices.
2. Each petty cash fund will not exceed \$100 and is to be kept in a locked cabinet at all times.
3. The Accountant oversees the petty cash fund
4. All disbursements made from the petty cash fund are acknowledged in writing by the receiving party
5. Receipts for items purchased with petty cash must be included with the petty cash reconciliation form when funds are replenished
6. No checks will be cashed by the petty cash fund

Additional information can be found in the Petty Cash Policy [which is addendum D.](#)

XI. Property and Equipment

Property and equipment include items such as office furniture, computer hardware and software, and leasehold improvements. It is the Branch-Hillsdale-St. Joseph Community Health Agency's policy to capitalize items which have a unit cost greater than \$5,000. Items purchased with a value or cost less than \$5,000 will be expensed in the period purchased.

~~The depreciation period for capitalized assets is as follows:~~

- ~~• Computer hardware, 36 months~~
- ~~• Computer software, 36 months~~
- ~~• Office equipment, 60 months~~
- ~~• Office furniture, 60 months~~
- ~~• Leasehold improvements, length of lease~~

A fixed asset log will be maintained by the Accountant, including date of purchase, asset description, purchase/donation information, cost/fair market value, donor/funding source, identification number, and life of asset.

1. The log will be reviewed by the Administrative Services Director
2. Annually, a physical inspection and inventory will be taken of all fixed assets and reconciled to the general ledger balances

3. The Admin Services Director shall be informed in writing of any change in status or condition of any property or equipment
4. Depreciation is recorded annually. Depreciation is computed ~~using the straight-line_ following IRS guidelines~~method over the estimated useful life of the related asset. Any impaired assets discovered during the inventory will be written down to their actual value.

XII. Personnel Records

All personnel files contain the following documents:

1. An application and resume
2. Status change form that indicates date of hire, position, and pay rate.
3. Authorization for payroll deductions
4. W-4 withholding authorizations
5. Termination data where applicable
6. Signed confidentiality agreement collected annually
7. Signed acknowledgement of receipt of Personnel Policy Manual at every change to the manual
8. Emergency Contact Card
9. I-9 form with allowable forms of identification
- 9.10. Signed receipt of Financial Controls Policy collected annually
- ~~10.11.~~ Other forms deemed appropriate by the Administrative Services Director

Personnel files will be kept in a secure, locked room and accessed only by authorized personnel.

XIII. Payroll Processing

Staff Members:

1. Timesheets are to be completed by all staff using the EWS system, and submitted bi-weekly.
2. Timesheets are to be kept on a daily basis and should accurately reflect the amount of time an employee actually worked in each cost center.

Supervisors:

1. Review and approve submitted timesheets in the EWS system. Supervisors should be looking for accuracy in the following:
 - a) Ensure correct number of hours claimed in payroll
 - b) Any requested paid-time off is entered correctly
 - c) All mileage has description, and that mileage cost center matches cost centers in hours worked
 - d) Holidays are entered correctly
 - e) Emergency preparedness meetings are coded correctly
 - f) Training reimbursements are entered correctly & documentation matches
 - g) Any utility time off is entered correctly
 - h) Staff are reporting in the cost centers they are working in
2. Email Fiscal Support Specialist if an employee works an amount of hours that differs from the amount they are budgeted to work.

Fiscal Support Specialist

1. Review timesheets for errors including: incorrect amount of hours, cost centers not matching, etc.
2. Process payroll

3. The payroll will be compared to the previous payroll for accuracy. Any changes to add/remove employees, change employee benefits/deductions, or wage increases must have a copy of the official documentation and approval of the changes.
4. Prior to the payroll checks being finalized, the payroll is reviewed and approved by the Accountant or the Administrative Services Director.
5. Payroll checks are distributed on the Friday following the end of the pay period, by direct deposit. If the designated pay date is a holiday, the deposit will happen the day before.
6. All employees will receive an email which includes their pay stub
7. Prepare all payroll accounts payable
8. Prepare and File all federal and state payroll reports
9. Prepare all W-2 statements (issued to employees prior to January 31st of the following calendar year).

Accountant

1. Review payroll to ensure accuracy before the payroll is finalized and checks run
2. Review payroll expenditures and allocations monthly
3. Reconcile payroll account

Administrative Services Director

1. Review payroll to ensure accuracy before the payroll is finalized and checks run if Accountant is not available
2. Review payroll expenditures and allocations monthly
3. Review and sign all federal and state payroll reports

XIV. Accounts Payable

Administrative Support Clerk

1. Collects and keeps all W-9 forms and liability insurance information.
2. Reaches out to vendors to collect updated information when needed, to ensure documentation is kept current
3. Collects packing slips and verifies orders have been received, before forwarding information to Fiscal Support Specialist for payment.

Fiscal Support Specialist

1. Reviews all invoices to ensure proper documentation is attached.
2. Prior to the accounts payable checks being finalized, the invoices are reviewed and approved by the Accountant or the Administrative Services Director.
3. Accounts Payable invoices are processed every other Friday and on the last day of the month. Direct deposit is the preferred method of payment, but some accounts are set up requiring checks to be written, direct pull from account, and payable online. If the designated pay date is a holiday, the transfers/checks will happen the day before.
4. Prepare all payroll accounts payable
5. Prepare and File all federal and state payroll reports
6. Prepare all 1099 statements (issued to vendors prior to January 31st of the following calendar year).

Accountant

1. Review accounts payable invoices to ensure accuracy in amounts and account numbers before the accounts payable run is finalized and checks run
2. Reconcile accounts payable account
3. Reconcile all liability accounts

Administrative Services Director

4. Review accounts payable invoices to ensure accuracy before the accounts payable run is finalized and checks run if Accountant is not available
5. Review expenditures and allocations monthly
6. Review and sign all reports

XIV-XV. End of Month and Fiscal Year-End Close

1. The Administrative Services Director will review and sign off on all month- and year-end journal entries. They will be printed, filed, and scanned for audit trail purposes.
2. At the end of each month and fiscal year end, the Administrative Services Director will review all balance sheet accounts including verification of the following balances: cash accounts match the bank reconciliations, fixed assets accounts reflect all purchases, write-downs and retirements, accounts receivable and payable accounts match outstanding amounts due and owed.
3. The income and expense accounts review will include reconciliation to amounts received and expended and verification that payroll expenses match the payroll reports including federal and state payroll tax filings.
4. Once the final monthly and fiscal year-end financial statements are run, reviewed, and approved by the Administrative Services Director, no more entries or adjustments will be made into that month or year's ledgers.
5. All other appropriate government filings including those required by the state tax board and attorney general's office will be completed and filed with the appropriate agency.

XV-XVI. Financial Reports

The Accountant will prepare the monthly and annual financial reports for distribution to the Administrative Service Director. The reports will include:

- Balance sheet
- Cash receipts and disbursements report
- Statement of income and expenses report that include budget versus actual expenses broken out by each program with an established budget
- An expense by summary for each program, along with an explanation for any grant program that is over budget
- Any other requested reports

Periodic and annual financial reports will be submitted to the Board of HealthDirectors for review and approval.

XVI-XVII. Fiscal Policy Statements

1. All capital expenditures which exceed five thousand dollars (\$5,000) will be capitalized.
2. Employee or public personal checks will not be cashed through the petty cash fund.
3. No salary advances will be made under any circumstances.

4. Reimbursements will be paid upon complete expense reporting and approval using the official Branch-Hillsdale-St. Joseph Community Health Agency form.
5. Any donated item with a value exceeding (\$50) will be recorded and a letter acknowledging the donation will be sent to the donor within two weeks of the receipt of the donation.
6. All volunteer time shall be recorded as in-kind donations.
7. The Health Officer, ~~and~~ the Administrative Services Director, and Accountant are authorized to exercise all banking function for the Branch-Hillsdale-St. Joseph Community Health Agency, including, but not limited to, opening/closing accounts, endorsing checks and orders for the payment of money or otherwise withdraw or transfer funds, enter into written lease for the purpose of renting, maintaining, accessing, and terminating a safe deposit box, assigning/removing staff access to and from bank accounts.
8. The Health Officer, ~~and~~ the Administrative Services Director, and Accountant are signatories on Branch-Hillsdale-St. Joseph Community Health Agency's bank accounts.
9. Bank statements will be reconciled monthly by the Accountant and reviewed by the Administrative Services Director
10. Accounting and personnel records will be kept in locked locations in the finance or HR office and only parties with financial and/or HR responsibility will have access to them.
11. As needed, the Board of Health ~~has access to these~~ may review accounting and personnel records.

Financial Controls Policy Sign Off sheet

By signing below, I attest that I have read and understand the Fiscal Controls Policy, the Petty Cash Policy, the Collection of Money policy, and the P-Card and Wal-Mart Card procedures dated August 22, 2024. I have been provided a copy of the policies and agree to the terms of said policies.

Signature

Date

Printed Name

Addendum A

Chart of Accounts

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
00100	Cash on Hand	A	CSH
00101	Cash with County treasurer	A	CSH
00103	Cash - Accounts Payable	A	CSH
00104	Community Foundation Grant	A	CSH
00105	Cash - Basic Flex Plan 7151	A	CSH
00106	Cash - Flagstar Savings 1420	A	CSH
00107	Cash - Fed Tax Payable 6337	A	CSH
00108	MERS 9060	A	CSH
00109	Cash - MI Tax Ck 3637	A	CSH
00110	Cash on Hand from Interest	A	CSH
00120	HD Maint 0190	A	CSH
00121	TR Maint 0204	A	CSH
00130	Depository HD 6817	A	CSH
00175	Sturgis Bank 6513	A	CSH
00199	Capital Improvements	A	CSH
00400	Petty Cash	A	CSH
00412	Imprest Cash - BR, HD, SJ	A	CSH
00430	Imprest Cash - HD	A	CSH
00475	Imprest Cash - SJ	A	CSH
00700	Cash - Payroll	A	CSH
04001	A/R Lead Medicaid	A	ARO
04002	A/R Medicaid (Straight)	A	ARO
04003	A/R Medicare	A	ARO
04004	A/R Branch Co	A	ARO
04006	A/R Blue Cross Medicaid	A	ARO
04007	A/R WIC Varnish	A	ARO
04008	A/R WIC Varnish Adj	A	ARO
04009	A/R McLaren - Medicaid	A	ARO
04010	A/R Meridian - Medicaid	A	ARO
04011	A/R Priority Health - Medicaid	A	ARO
04012	A/R Aetna - Medicaid	A	ARO
04013	A/R United Health Care - Medicaid	A	ARO
04014	A/R Molina - Medicaid	A	ARO
04015	Upper Peninsula Health Plan - Medicaid	A	ARO
05002	A/R Aetna - Commercial	A	ARO
05006	A/R Aetna Affordable Health - Commercial	A	ARO
05010	A/R ASR Health Benefits - Commercial	A	ARO
05014	A/R BCBS - Commercial	A	ARO
05018	Blue Care Network - Commercial	A	ARO
05022	A/R Blue Cross Federal - Commercial	A	ARO
05026	A/R Cigna - Commercial	A	ARO
05030	A/R Cofinity - Commercial	A	ARO
05034	A/R Health Alliance Plan - Commercial	A	ARO
05038	Humana - Commercial	A	ARO
05042	McLaren Health Plan - Commercial	A	ARO
05046	Medicare Plus Blue	A	ARO
05050	Priority Health - Commercial	A	ARO
05054	Priority Health Medicare - Commercial	A	ARO
05058	Professional Benefits Admin - Commercial	A	ARO
05060	Private Pay - Voucher Billing	A	ARO
05062	Tricare for Life - Commercial	A	ARO
05066	United Health Care - Commercial	A	ARO
05068	UMR - Commercial	A	ARO
07800	Due from State	A	ARO

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
08104	Due from Other Funding Sources	A	ARO
08112	Due from County - BR	A	ARO
08130	Due from County - HD	A	ARO
08175	Due from County - SJ	A	ARO
08510	Due from Dental DAPP	A	ARO
12800	Prepaid Expenses	A	OA
12960	Biologic Inventory	A	OA
20200	Accounts Payable - Vendors	A	AP
20202	Accts Payable - Inv File	A	OL
22801	FICA Withholding	A	OL
22802	State MI Withholding	A	OL
22803	MERS Withholding	A	OL
22804	MERS Withholding Non-Taxed	A	OL
22808	State IN Withholding	A	OL
22809	OH State Tax Withholding	A	OL
22901	Federal Withholding	A	OL
23101	Roth 457	A	OL
23102	Deferred Comp (MERS)	A	OL
23103	Deferred Comp (Nationwide)	A	OL
23104	Health Care Savings Acct	A	OL
23105	Aflac-NonTaxed	A	OL
23106	Aflac-Taxed	A	OL
23107	Basic Flex Plan	A	OL
23108	Health Insurance OL for AP	A	OL
23109	HSA Liability	A	OL
23180	Misc Deduction	A	OL
24100	State Surcharge Food	A	OL
25700	Accrued Salaries	A	OL
25705	Accrued FICA	A	OL
25710	Accrued Mileage	A	OL
33900	Deferred Rev	A	OL
33901	Inventory	A	OL
33904	Deferred Revenue - Vouchers in Transit	A	OL
33912	Deferred Revenue-BR	A	OL
33930	Deferred Revenue-HD	A	OL
33975	Deferred Revenue-SJ	A	OL
33999	Unavailable Revenue	A	OL
34000	Unearned Revenue	A	OL
38300	Restricted Fund Balance	A	NAE
38400	Designated Fund Balance	A	NAE
39000	Operating Fund Balance	A	NAE
39001	Adjustments to Fund Balance	A	NAE
45100	Food Surcharge Rev	A	REV
45101	Food Service License Fee Rev	A	REV
45102	Food Citations Rev	A	REV
45200	Septic & Lot Eval Rev	A	REV
45201	Septic Haulers Fee Rev	A	REV
45210	Comm Sewage Permit Revenue	A	REV
45300	Campground Fee Rev	A	REV
45301	MDEQ Campground Inspection Rev	A	REV
45400	Public Well/Pump Fee Rev	A	REV
45401	Private Well/Pump Rev	A	REV
45500	Pool Inspection Fee Rev	A	REV
45501	MDEQ Pool Inspection Rev	A	REV
45600	Loan Evaluations Rev	A	REV
45710	Body Art Fee Rev	A	REV

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
45711	MDEQ Body Art Rev	A	REV
45720	MDEQ Medical Waste Rev	A	REV
45730	Disint/Reint Permit Rev	A	REV
45800	Fees Rev	A	REV
51619	Fed-Title XIX Rev	A	REV
51700	AASA Rev	A	REV
51705	ARP Revenue	A	REV
51710	AASA TCM	A	REV
51750	VOCA Grant Rev	A	REV
51751	Crime Victim Sustainability Revenue	A	REV
55505	ELPHS (Essential LPHS) Rev	A	REV
55510	LBS Care Coord Rev	A	REV
55515	Lead Rev	A	REV
55520	MCH Block Grant Rev	A	REV
55525	MCH Needs Assessment	A	REV
55530	Non Community Source Water Assessment	A	REV
55535	Mich. Health Endowment Fund	A	REV
55540	MDEQ Noncommunity Water Supply	A	REV
55541	RTCR Revenue	A	REV
55542	Op Assist Rev	A	REV
55543	Local Assistance	A	REV
55545	Nurse Education Rev	A	REV
55550	State Agreement Rev	A	REV
55551	State General Fund	A	REV
55553	State NWD	A	REV
55555	State Immunizations rev	A	REV
55556	Tuberculosis Control	A	REV
55557	Medicaid Cost Based Reimbursement	A	REV
55558	CARES DCW Rev.	A	REV
55559	State Agreement CARES Rev	A	REV
55560	Off-Set for Biologics Inventory	A	REV
55561	CRF Funding	A	REV
55565	PH Workforce & Infrastructure	A	REV
55566	DCW Hazard Pay	A	REV
55567	AASA Covid Immz Support	A	REV
55568	Region 2 Prevent Revenue	A	REV
55569	EOACV Rev	A	REV
55570	Zika Rev	A	REV
55580	Emerging Threats Rev	A	REV
55590	Medical Marijuana Rev	A	REV
55594	Mich Center for Rural Health Rev	A	REV
55600	PC/EC Packages Rev	A	REV
55610	AAA Suppl Nut 3c2	A	REV
55620	Age Friendly PH Rev	A	REV
55775	MMAP Rev	A	REV
55776	MMC-Medicaid/Medicare Counseling	A	REV
55777	Caregiver Resource Center	A	REV
55780	Home Help Respite Revenue	A	REV
55800	Fed HRSA Grant Rev	A	REV
58501	Grant Matching Requirement	A	REV
58502	Matching GL Offset Rev	A	REV
58520	Reg Appropriations	A	REV
58521	Local Appr Rev - BR	A	REV
58523	Local Appr Rev - HD	A	REV
58524	Local Appr Rev - SJ	A	REV

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
58525	Local Appr Rev - All	A	REV
58526	Local Appr-Designated Fund	A	REV
58580	Use of Fund Balance Rev	A	REV
58590	AAA Local Appr	A	REV
58610	CHC Tele-A-Health Rev	A	REV
58620	Navigator Rev	A	REV
58630	Safe Kids Rev	A	REV
62602	Aetna Medicaid	A	REV
62603	Aetna Better Health Medicaid - Rev Adj	A	REV
62604	BCBS Medicaid	A	REV
62605	BCBS Medicaid Rev Adj	A	REV
62606	Coventry Care Medicaid Rev	A	REV
62607	Coventry Care Medicaid Rev Adj	A	REV
62608	Medicaid Revenue	A	REV
62609	Medicaid Rev Adj	A	REV
62610	Molina Medicaid	A	REV
62611	Molina Medicaid Rev Adj	A	REV
62612	Priority Medicaid	A	REV
62613	Priority Health Medicaid Rev Adj	A	REV
62614	United Medicaid	A	REV
62615	United Health Medicaid Rev Adj	A	REV
62616	McLaren Medicaid	A	REV
62617	Meridian Medicaid	A	REV
62620	BC Medicare Rev	A	REV
62621	BC Medicare Rev Adj	A	REV
62622	Flu Shots Medicare Rev	A	REV
62624	Medicare Revenue	A	REV
62625	Medicare Rev Adj	A	REV
62626	Flu Blue Cross Blue Shield Rev	A	REV
62628	Flu Immz Revenue	A	REV
62629	COVID Immz Revenue	A	REV
62630	BCBS Revenue	A	REV
62631	BCBS Rev Adj	A	REV
62632	Cigna Revenue	A	REV
62633	Cigna Rev Adj	A	REV
62634	Humana Revenue	A	REV
62635	Humana Rev Adj	A	REV
62636	Mclaren Health Revenue	A	REV
62637	Mclaren Health Plan Rev Adj	A	REV
62638	Meridian Health Revenue	A	REV
62639	Meridian Health Rev Adj	A	REV
62640	Priority Health Rev	A	REV
62641	Priority Health Rev Adj	A	REV
62642	TriCare Rev	A	REV
62643	TriCare Rev Adj	A	REV
62644	Cofinity Rev	A	REV
62645	Immz Rev Other Insurance	A	REV
62646	United Health Revenue	A	REV
62647	United Health Care Rev Adj	A	REV
62648	Vaccines-International Travel	A	REV
62690	Offset A/R Adjustment	A	REV
62710	FIA Lic Insp Fee Rev	A	REV
62720	Food Classes Fee Rev	A	REV
62730	MDEQ Long Term Monitoring Rev	A	REV
62740	MDEQ Septage Insp Rev	A	REV
62810	HIV Testing Rev	A	REV

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
62820	Lead Medicaid Rev	A	REV
62821	Lead Medicaid Rev Adj	A	REV
62830	VFC Visits Rev	A	REV
62840	WIC Varnish	A	REV
62850	TB Skin Test Rev	A	REV
62856	Collector Fee Revenue	A	REV
66410	Interest Rev	A	REV
66420	Misc Checking Rev	A	REV
66710	Rent - CAPA Rev	A	REV
66720	Rent - MSUE Rev	A	REV
66730	VA Rev	A	REV
67110	Misc Rev	A	REV
67130	Misc Revenue - Billing (needs coded)	A	REV
67150	Misc Rev - Dental	A	REV
67160	MMRMA Excess Dist Rev	A	REV
67510	Donations Rev	A	REV
67512	CSHCS Donations	A	REV
67520	Community Foundation Revenue	A	REV
67530	Community Stabilization Fund	A	REV
67550	Wellbeing Grant MALPH	A	REV
69600	Off-Set for Sal/Fringe Rev	A	REV
69602	Salary/Fringe Payoff Offset Rev	A	REV
69701	Prior Year A/R Rev	A	REV
69750	Prior Year Rev	A	REV
70200	Salaries Regular Exp	A	EXP
70201	Salaries Exp Adj	A	EXP
70202	Salaries OT Exp	A	EXP
70210	Salaries Sick Exp	A	EXP
70212	Salaries Vac/Per Exp	A	EXP
70214	Salaries Holiday Exp	A	EXP
70216	Salaries in Lieu of Benefits Exp	A	EXP
70218	Longevity Exp	A	EXP
70220	Sick/Vac Payout Exp	A	EXP
71440	FICA Exp	A	EXP
71442	Retirement Exp	A	EXP
71444	Health Ins Exp from payroll	A	EXP
71450	Worker's Comp Exp	A	EXP
71452	LSA Insurance Exp	A	EXP
71454	Unemployment Exp	A	EXP
71456	Third Party Disability	A	EXP
71702	BCBS Claim Tax Exp	A	EXP
72600	Postage and Freight	A	EXP
72602	Office Supplies Exp	A	EXP
72606	Immunizations Disbursed	A	EXP
74502	Computer Supplies Exp	A	EXP
79000	Lab Fees Patients Exp	A	EXP
79002	Medical Supplies Exp	A	EXP
79004	Drugs Exp	A	EXP
79901	Other Supplies Exp	A	EXP
79905	Safe Kids Projects Exp	A	EXP
80110	MDPH Food Surcharge Exp	A	EXP
80120	IGT Payment DAPP Exp	A	EXP
80130	Legal Fee Exp	A	EXP
80200	Medical Waste Disposal Exp	A	EXP
80202	Electronic Fee Exp	A	EXP
80300	Audit Exp	A	EXP

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
80400	MD Contracts Exp	A	EXP
80500	Consulting Fee Exp	A	EXP
82501	Dental Cleaning Exp	A	EXP
83008	MMAP SMP Exp	A	EXP
83010	St. ANS-Pers Exp	A	EXP
83012	State Access-Case Coord Exp	A	EXP
83014	State Alter Homemaking	A	EXP
83015	State Alter Personal Care	A	EXP
83016	Care Mgmt Med/Mgmt POS Exp	A	EXP
83018	VA HCBS CM-POS Exp	A	EXP
83020	State Ans Med Mgmt Exp	A	EXP
83022	State CG Support Respite Exp	A	EXP
83023	State CG Support - Transportation	A	EXP
83024	State Congregate Meals Exp	A	EXP
83025	State IH POS/PC	A	EXP
83026	State Home Delivered Meals Exp	A	EXP
83027	State-IH POS/HM	A	EXP
83028	State In-Home Homemaking	A	EXP
83029	State-IH - Respite	A	EXP
83030	State Merit Adult Day Exp	A	EXP
83031	State In-Home Personal Care	A	EXP
83032	State Merit Respite In Home Exp	A	EXP
83034	State Respite Adult Day Care Exp	A	EXP
83036	State Respite - IH Exp	A	EXP
83038	Title 3B Med Mgmt POS Exp	A	EXP
83040	Title III C-1 Congregate Meals	A	EXP
83042	Title III C-2 Home Delivered Meals Exp	A	EXP
83044	Title III E Disease Prev Exp	A	EXP
83046	Title III B In Home Repair Exp	A	EXP
83048	Title III B Case Coord Exp	A	EXP
83050	Title III B Chore Service Exp	A	EXP
83051	Title III B Counseling Exp	A	EXP
83052	Title III B CLPS POS Exp	A	EXP
83053	Title III B-Gap Filling	A	EXP
83054	Title III B Homemaking	A	EXP
83055	Title III B Personal Care	A	EXP
83056	Title III B In Home Respite Exp	A	EXP
83057	Title III B POS/PC	A	EXP
83058	Title III B Legal Services Exp	A	EXP
83059	Title III B POS/HM	A	EXP
83060	Title III B LT Ombudsman Exp	A	EXP
83062	Title III B Transportation Exp	A	EXP
83064	Title III D Disease Prev and Pro Exp	A	EXP
83065	Title III E Caregiver Support	A	EXP
83066	Title III E Caregiver Est Exp	A	EXP
83067	Title III E Caregiver Training	A	EXP
83068	Title III E Caregiver IH Resp Exp	A	EXP
83070	Title III E Case Coord & Supp Exp	A	EXP
83072	Title III E Transportation Exp	A	EXP
83074	Title III B PERS (POS)	A	EXP
83075	Title III B HDM	A	EXP
83076	Merit Award In-Home Respite Exp	A	EXP
83078	NSIP Congregate Meals Exp	A	EXP
83080	NSIP Home Delivered Meals Exp	A	EXP
83082	Care Mgmt POS HM/PC Exp	A	EXP
83084	Care Mgmt POS Respite Exp	A	EXP

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

Account Code	Account Title	Status	Account Type
83086	CMS Core Exp	A	EXP
83087	St In Home Med Mgmt (POS)	A	EXP
83088	St CG Support Adult Day Exp	A	EXP
83089	St In Home PERS (POS)	A	EXP
83090	State Resp Merit Transportation	A	EXP
83092	Title III B Disease Prev/Health Exp	A	EXP
83094	Title III B Friendly Reassurance Exp	A	EXP
83096	Title III E Kinship Support Exp	A	EXP
83097	Title III E Home Del Meals	A	EXP
83098	MMAP-SMP Ii Expense	A	EXP
83100	FFCRA - Title III - Cong	A	EXP
83102	FFCRA - Title III - HDM	A	EXP
83104	CARES - Title III B - PC/HD	A	EXP
83106	CARES - Title III B - Transport	A	EXP
83108	CARES - Title III B - HDM	A	EXP
83110	CARES - Title III B FriendlyR	A	EXP
83112	CARES - Title III B - GapFill	A	EXP
83113	CARES - Title III B Legal	A	EXP
83114	CARES - Title III C - HDM	A	EXP
83116	CARES - Title III E - I&A	A	EXP
83118	CARES - Title III E PERS	A	EXP
83120	CARES - Title III E Respite	A	EXP
83122	CARES - Title III E CC&S	A	EXP
83126	St in Home Services DCW	A	EXP
83127	Home Help Respite	A	EXP
83130	DCW Premium Pay	A	EXP
83131	DCW Hazard Pay	A	EXP
83133	AAA NWD Exp	A	EXP
83135	PC/EC Packages Exp	A	EXP
83140	CRF Personal Care Essential Care	A	EXP
83142	AASA Covid Immz Support	A	EXP
83143	AAA Suppl Nutr 3c2 Exp	A	EXP
83144	Age Friendly PH Exp	A	EXP
83145	Region 2 Prevent	A	EXP
83146	Caregiver Resources	A	EXP
83159	ARP - Title III B Home Delivered Meals	A	EXP
83160	ARP Title III B DCW	A	EXP
83161	ARP Title III B Chore	A	EXP
83162	ARP Title III B Homemaking	A	EXP
83163	ARP Title III B Legal Assist	A	EXP
83164	ARP Title III B In Home Repair	A	EXP
83165	ARP Title III B Friendly Reassurance	A	EXP
83166	ARP Title III B Respite-In Home	A	EXP
83167	ARP Title III B Transport(Access)	A	EXP
83168	ARP Title III B Gap Filling	A	EXP
83169	ARP Title III C1 Cong	A	EXP
83170	ARP Title III C2 HDM	A	EXP
83171	ARP Title III D DP/HP	A	EXP
83172	ARP Title III E Caregiver EST	A	EXP
83173	ARP Title III E Kinship Support	A	EXP
83174	ARP Title III E Transportation	A	EXP
83175	ARP Title III E Case Coord	A	EXP
83176	ARP Title III E Adult Day Services	A	EXP
83177	ARP Title III E Respite-In Home	A	EXP
84900	Telecommunications Exp	A	EXP
84950	Translation Services	A	EXP

Branch-Hillsdale-St Joseph Community Health Agency

Chart Of Accounts List - Active GL Codes

GL - 1

<u>Account Code</u>	<u>Account Title</u>	<u>Status</u>	<u>Account Type</u>
85900	Travel Exp	A	EXP
85905	Gas/Fuel/Maintenance	A	EXP
89900	Printing and Binding Exp	A	EXP
90100	Advertising Exp	A	EXP
91001	Prof Liability Insurance Exp	A	EXP
93100	Hardware/Software Maintenance Exp	A	EXP
93120	Computer/Hardware Expense	A	EXP
93700	Repair & Maitenance Exp	A	EXP
93812	Bldg Exp - BR	A	EXP
93830	Bldg Exp - HD	A	EXP
93875	Bldg Exp - TR	A	EXP
93897	Bldg Exp - Sturgis	A	EXP
93902	Rent Exp	A	EXP
93912	Rent Exp BR	A	EXP
93930	Rent Exp HD	A	EXP
93975	Rent Exp Sturgis	A	EXP
94000	Equip Rent and Lease Exp	A	EXP
94020	Employee Training Exp	A	EXP
94025	Food Class Exp.	A	EXP
94030	Lic and Membership, Subscription Exp	A	EXP
94040	Checking Exp	A	EXP
94050	Other Exp	A	EXP
94054	Other Supplies Local	A	EXP
94056	Client Assist - Other	A	EXP
94057	Client Assist - Rent	A	EXP
94058	CSHCS Donation Expenses	A	EXP
95402	Space Costs Exp	A	EXP
95404	Indirect Exp	A	EXP
95406	Community Health Services Exp	A	EXP
95407	Marketing ELPHS Allocation Exp	A	EXP
95408	Prevention Services Exp	A	EXP
95409	Allocation Unallowable Expenses	A	EXP
95410	Allocation Exp	A	EXP

Addendum B

Collection of Money Policy

Program: Administration	Effective Date: 7/1/2012
Subject: Collection of Money	Last Updated: 8/22/2024

Purpose: To control the amounts of funds on hand in all offices, and provide a procedure to assure all cash and check are properly safeguarded and deposited on a timely basis.

Policy Statement: The Branch-Hillsdale-St. Joseph Community Health Agency will properly safeguard and deposit all cash and checks to have all monthly revenues recognized in the month they were received.

Implementing Procedure:

1. Each employee collecting monies on behalf of the Branch-Hillsdale-St. Joseph Community Health Agency is responsible for recording all cash collected and receipts issued on the Cash Receipt Log (CRL). All receipts used must be accounted for. CRLs are county and division specific. If an employee leaves work before the end of the day, they must complete the entire process as outlined below. The employee collecting cash for the rest of the day must start a new CRL.

The employee is responsible for maintaining a copy of all verified CRLs with a copy of the receipt after the money has been given to the designated office personnel within the Agency for deposit.

2. For each day monies are collected and receipts issued, a CRL must be prepared and placed in a secured/locked place until given to the designated office personnel (Coldwater, Fiscal Support Specialist; Hillsdale, Clinic Administrative Assistant; Three Rivers, Clinic Administrative Assistant). There will be a note on the CRL if the date of service is different than the day payment was received. This should be an exception since payment is required on day of service.

- a. Immunizations & Other Services - Clerk Technician

Client activities are created by the Public Health Nurse in Nightingale Notes at the time of the service. After the client receives the service, the Clerk Technician will use Nightingale Notes to create a receipt and post the payment to the system. Two copies of the receipt are printed, one for the client, and one to put with the CRL.

At the end of the employees shift, a CRL should be filled out. The CRL must include client ID, client name, and the receipt number. All receipts should be accounted for. The Clerk Tech will print a report from Nightingale Note to verify all receipts are listed on the

Reviewed Date: 4/2/2024 tef

CRL.

All private pay clients are to pay the day of service. If a donation is received on a different day, a notation of the date of service will be made in the “other” column. Separate receipts will be issued for every client, even if they are in the same family, or if one person is paying for multiple client services.

b. Clinic Administrative Assistants

Clinic CRLs should be provided to the Clinic Administrative Assistant and reviewed together to ensure the correct amount of money is included. Funds should be deposited weekly. If less than \$100 in total has been collected, the funds may be held until the next weekly deposit. A deposit must be done at the end of each month, regardless of the amount of funds collected.

Three Rivers and Hillsdale Clinic Administrative Assistants will take their funds directly to the bank and deposit them, then send a copy of the deposit slip and the CRL to accounting.

Coldwater Clinic Administrative Assistant will take the funds directly to the Fiscal Support Specialist, and review them together to ensure the correct amount of money is included. The Fiscal Support Specialist will include the funds in the weekly deposit.

c. Environmental Health Administrative Assistants

All receipts will be created in the EH Hedgerow software at the time of receipt. Each week, a CRL report must be run from the EH Hedgerow software, and reconciled with the cash/checks. Funds should be deposited weekly. If less than \$100 in total has been collected, the funds may be held until the next weekly deposit. A deposit must be done at the end of each month, regardless of the amount of funds collected.

Three Rivers and Hillsdale EH Administrative Assistants will take their funds directly to the bank and deposit them, then send a copy of the deposit slip and the CRL to accounting.

Coldwater EH Administrative Assistant will take the funds directly to the Fiscal Support Specialist. The CRL must be review together with the Fiscal Support Specialist to ensure the correct amount of money is included. The Fiscal Support Specialist will include the funds in the weekly deposit.

d. Fiscal Support Specialist / Biller

All money collected through medical billing will be coded and received in by the Fiscal Support Specialist/Biller. Posting reports will be pulled from Nightingale Notes and attached to the check. This information will be placed in the safe for the Fiscal Support Specialist to receipt in and will be included in the next weekly deposit.

e. Fiscal Support Specialist

The Fiscal Support Specialist will review all incoming CRLs with the staff member delivering the CRL, to ensure the correct amount of money is included.

Receipts for all monies collected/deposited will be created and returned to the staff member who provided the funds to accounting. A deposit will be compiled weekly, consisting of all monies collected during the week.

f. Administrative Support Clerk

The Fiscal Support Specialist will provide the funds to be deposited to the Administrative Support Clerk. They will review the amount enclosed together, to ensure the correct amount of money is included. The Support Specialist will take the deposit to the courthouse to be deposited and return the deposit receipt to the Fiscal Support Specialist.

General Rules for Collection of Money:

1. Whenever a CRL changes hands, it must be reviewed by both the provider and the receiver together. This will ensure that there are no questions regarding the amount of money being transferred/deposited is the same as the amount of money received.
2. DO NOT use white out or erase when you make a mistake. Draw a line through the error and put the correct information above/next to the lined out area, or line out the entire row and re-enter the information on the next line.
3. If a receipt is VOIDed, put the receipt # on the CRL and write VOID in the Name column and include the receipt with the rest of the receipts.
4. Total each column on the CRL
5. Complete the Grand Totals for the day at the top of the page for “one sheet” day, or summarize all the information for “multiple sheets” day.
6. Keep receipts in order by number.

Procedure for Collection of Money Sign Off sheet

By signing below, I attest that I have read and understand the Collection of Money policy dated August 22, 2024. I have been provided a copy of the policy and agree to the terms of said policy.

Signature

Date

Print Name

Addendum C

P-Card and Wal-Mart Card Procedure

Program: Administrative Services	Effective Date: 03/06/2013
Subject: P-Card & Wal-Mart Card Policy	Update: 08/22/2024

Purpose: To allow for approved purchases with a charge card at Wal-Mart, or other approved locations.

Policy Statement: Employees who present a completed material requisition, with supervisor’s signature, RU, account number, and completed tax-exempt form may utilize the P-Card or Wal-Mart card to complete the transaction.

Scope: Costs that cannot be easily purchased in another way.

Responsible Party: Administrative Services & Clerks

Implementing Procedure:

Source Documentation: Completed Material Requisition (with supervisor’s approval, RU and Account number to be charged), and a completed tax-exempt form.

The P-Card and Wal-Mart card will be kept in the safe until signed out and returned to the safe when card is returned.

The sign out sheet should be filled out with the initials of the employee handing out the card, the date the card is signed out, and the signature of the employee using the card. When the card is returned the amount of the purchase, the date the card is returned and the employee’s initials who received the card back should complete the line item.

Right after a purchase has been made; scan the receipt and Material Requisition form and email to the Accounts Payable department. This will be needed to meet the invoice deadline. Send the original Material Requisition and receipt to the Administrative Support Clerk who will create a purchase order and will return to Accounts Payable for payment.

At the beginning of each month, the Administrative Assistants in Three Rivers and Hillsdale will be required to scan the credit card sign-out sheet and email it to Accounts payable to confirm all items have been accounted for.

If the card should become lost or stolen report this to the Administrative Services Director and Fiscal Support Specialist as soon as possible.

Reviewed Date:

Addendum D

Petty Cash Policy

Program: Administration	Effective Date: 10/3/2018
Subject: Petty Cash	Last Updated: 8/22/2024

Purpose: To provide staff with a way to make small purchases when the requisition system or credit card isn't a viable option

Policy Statement: The purchase requisition process should always be used when purchasing supplies if possible. Sometimes various situations occur throughout the course of operations and the need for supplies cannot wait for the purchase requisition process to be completed. When the purchase requisition process cannot be completed, purchases totaling less than \$20 may be completed using the petty cash procedures.

Implementing Procedure:

1. Employees who need to utilize the petty cash procedure should first obtain approval from their division director to make a purchase. Once the purchase has been made, the receipt must be signed and coded (with general ledger and program codes) by the division director as documentation that the purchase was approved.
2. The employee should then bring the signed and coded receipt to the petty cash clerk for reimbursement (clerks listed below):
 - a. Coldwater – Candy Cox, Clinic Administrative Assistant
 - b. Hillsdale – Jolene Hurst, Clinic Administrative Assistant
 - c. Three Rivers – Dale Cross, Clinic Administrative Assistant
3. The petty cash clerk will complete a petty cash request form with the following information:
 - a. Date of reimbursement
 - b. General ledger & program code (account / RU)
 - c. Amount of reimbursement
 - d. Description of supplies that were purchased
 - e. Who approved, issued and received the payment
4. The clerk and person receiving the reimbursement must both sign and date that the payment was both issued and received. The per-transaction limit for petty cash is \$20 (unless approval is obtained from the Director of Administrative Services to exceed that limit).
5. The petty cash clerks should routinely complete a reconciliation form and submit to accounting to replenish disbursed funds.

Reviewed Date:

Addendum E

Cost Allocation Plan

<p>Program: Administrative Services</p> <p>Subject: Cost Allocation Plan</p>	<p>Effective Date: 8/24/2023</p>
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Purpose: To allocate various costs to programs in a consistent manner based upon certain methods, detailed below.

Policy Statement: The agency incurs many different costs for operation. Some of these can be directly traced to a program or employee, sometimes they cannot. The costs that aren't directly traceable to specific programs /employees need to be allocated in a reasonable, allowable and consistent manner.

Scope: Any cost that is incurred by the agency.

Responsible Party: Administrative Services

Implementing Procedure:

1. Salaries and Fringes:

- a. Employees enter time into an electronic time entry system, which is then approved by their supervisor. It is allocated based on the time each associate spent working in each program. If an employee takes leave time (sick/vacation), that time is distributed based on the other days worked during that payroll. If an employee uses leave time for an entire payroll, that time is distributed based on the prior payroll's spread.
- b. *The exception to this is the LSA expense. This monthly bill is allocated based on the most recent budgeted FTE allocation that's in effect at that point in time.

2. Supplies and Materials:

- a. Supplies are allocated either by where they're charged on the purchase requisition (if they directly benefit the program(s) or they're based on a spread derived on past usage of those supplies/materials.
- b. Items such as printing and copy expenses are distributed through indirect.
- c. Postage is allocated based on actual usage reports generated from the postage meters.

3. Travel

- a. All travel is entered into the electronic entry system and is directly charged to the program in which it was incurred.

4. Communications

Reviewed Date:

- a. *Distributed based on the current budgeted FTE allocation for that point in time.

5. Space/Facility Costs

- a. *Allocated based on the square footage of the room and the FTE(s) who occupy it. If the room is used by only one program, the entire cost is allocated to said program. Common areas (lunchroom, conference rooms) that can't be tied to a program or FTE are distributed as indirect.

6. All Others

- a. Items/services (supplies, training expenses, etc.) that directly benefit a program are charged to that program.
- b. Miscellaneous supplies, audit/legal expense, and insurance costs are distributed through indirect. Prevention Services costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Health Education Service costs are allocated based on the percentage of total salary/fringe each program in the spread consists of. Environmental Health (EH) costs are allocated based on the percentage of total salary/fringe each program in the spread consists of.
- c. Any cost that can't be directly tracked to a program, associate or spread will be coded under the correct account number in administration and distributed as indirect.

7. Indirect Costs

- a. Distributed across all programs based on percentage of salaries/fringes in each program.

*All cost allocations for items that are based on budget spreads are brought to actual values based on actual time worked at March 31st (six months) and September 30th (year-end).

Prepared By: Theresa Fisher
Approved By: Board of Health
Approval Date: 8/24/2023
Revision Number: 2023.08.24

Program: Administration	Effective Date: 1/27/2022
Subject: Health Officer Evaluation Policy	Revised Date: 8/24/2023

Purpose: The purpose of this policy is to define how the Health Officer will be evaluated.

Authority: Branch-Hillsdale-St. Joseph Community Health Agency Board of Health. Administrative policies shall be subject to revision or termination by the Board of Health at its discretion. This policy replaces and supersedes any prior policy on this subject matter.

Responsibility: The Board of Health or a designee appointed by the Board shall be responsible for the administration and enforcement of this policy.

Policy Statement:

The Board of Health shall evaluate the performance of the Health Officer annually at the September Board of Health meeting using the following process:

- The Secretary to the Board will provide each Commissioner assigned to the Board of Health with a link to the performance evaluation tool, after the Board of Health Meeting proceeding the evaluation.
- To validate responses for the purpose of quality control, each evaluation considered will require the author’s name. Responses received with no name, or from anyone other than a current Board of Health member, will be discarded.
- Each evaluation response, in whole, will be provided in the evaluation packet for the Health Officer and the Board of Health Members. A composite of all responses will also be provided.
- The Board will be presented a copy of the annual employee satisfaction survey prior to the evaluation taking place.

Upon a satisfactory evaluation, the Board of Health may award merit pay per the negotiated contract with the Health Officer. The merit pay shall be voted on at the September meeting, and paid as a supplemental payroll charged to the fiscal year which the Health Officer was being evaluated on.

Adopted: 8/24/2023

<p>Program: Administration</p> <p>Subject: Quality Improvement Policy</p>	<p>Effective Date: 08/22/2024</p>
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Purpose: To establish a policy and procedure to ensure continuous quality improvement (CQI) activities throughout the divisions of the Branch-Hillsdale-St. Joseph Community Health Agency.

Policy Statement:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ CHA) is committed to continuous quality improvement (CQI) while promoting organizational excellence and helping people live healthier. BHSJ CHA will systematically and continuously monitor, evaluate, and improve the quality of activities, programs, and services provided to the community. To execute this policy, the Quality Improvement & Accreditation Program will establish and implement an agency-wide QI Plan that will receive regular review and revision. The BHSJ CHA QI plan will include, but not be limited to:

- Designation of a QI Advisory Council and their responsibilities
- Methods to evaluate processes, programs, and services to identify opportunities for improvement using a recognized QI method like Plan-Do-Check-Act
- Methods to mobilize both data and team knowledge to improve decision making
- Provisions for training staff in QI methods

Definitions:

Continuous Quality Improvement (CQI) - CQI is an approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems. It focuses on the "process" rather than the individual, recognizes both internal and external "customers" and promotes the need for objective data to analyze and improve processes.

Plan-Do-Check-Act (PDCA): is a continuous quality improvement model consisting of a logical sequence of four repetitive steps for continuous improvement and learning. Also known as the Deming Cycle. Also known as Plan, Do, Study, Act (PDSA).

- Plan the process improvement
- Do the improvement, data collection and data analysis
- Check the results and lessons learned
- Act by adopting, adjusting or abandoning the change.

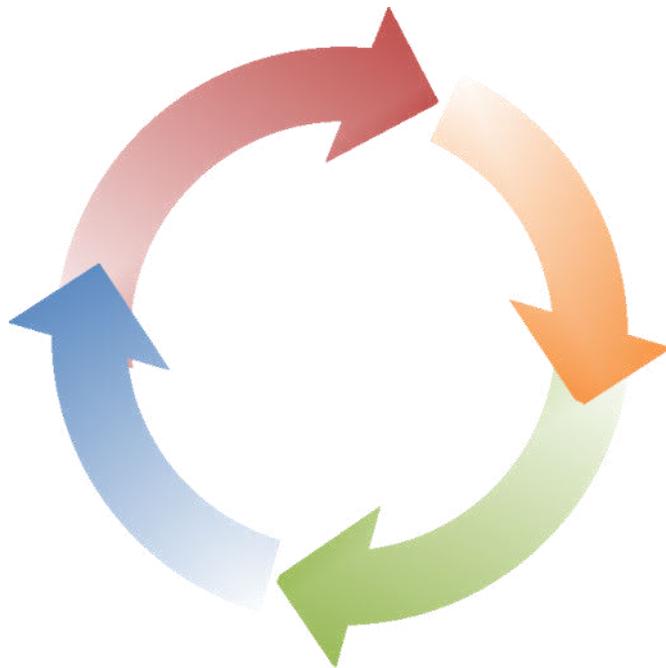
Quality: Refers to "fitness for purpose"—meeting or conforming to generally accepted standards as defined by an accrediting or quality assurance body.

Quality Improvement: The expectation that an organization will have in place a plan to monitor and improve the quality of its programs. In most cases, quality assurance and accrediting agencies require that established procedures ensure that this is an ongoing process.

Branch-Hillsdale-St. Joseph Community Health Agency

Quality Improvement Plan

2024-2025





Updates to the BHSJ CHA Quality Improvement Plan

Revision Date	Update	Page #s	Approved by

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Branch-Hillsdale-St. Joseph Community Health Agency Quality Improvement Plan

Section I: Purpose

The purpose of the Branch-Hillsdale-St. Joseph Community Health Agency (BHSJ CHA) Quality Improvement Plan is to provide guidance for BHSJ CHA's Quality Improvement (QI) efforts. The plan provides a framework for QI processes and activities as well as a plan to measure and monitor the Agency's progress towards QI goals.

Section II: Overview of Quality

Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the Agency is based on science and the best available evidence (worthy); is linked with the health outcomes that are most important to the agency and the communities served (work); and is performed in an acceptable manner, often defined by specific standards (well-done).

BHSJ CHA has an interest in systematically evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction. Thus, implementation of a Quality Improvement culture throughout BHSJ CHA will contribute to the Agency's overall goal to protect and improve the health of the population. Our vision for the future state of quality is "An agency that utilizes continuous quality improvement at all levels to achieve our mission of helping people live healthier."

Section III: QI Governance Structure

A. Organization Structure

1. Quality Improvement & Accreditation Program (QIAP)

The Quality Improvement & Accreditation Program serves as the overarching leader for quality improvement and performance improvement activities throughout the Department. QIAP provides oversight, coordination, training, technical assistance, and data management for all BHSJ CHA programs.

2. Quality Improvement (QI) Advisory Committee

The QI Advisory Committee was established to assist QIAP in managing QI efforts across BHSJ CHA. The QI Advisory Committee is made up of representatives from all programs or divisions within the agency, including Administration, Area Agency on Aging, Environmental Health, Health Education and Promotion, and Personal Health & Disease Prevention. Every effort will be made to have representation from all levels of employment. They meet no less than quarterly to discuss QI initiatives, projects, and to learn about QI tools. (See Appendix A for the QI Advisory Committee.)

B. Roles and Responsibilities

1. Health Officer and Board of Health

- a. Provide leadership to achieve the BHSJ CHA's vision, mission, strategic plan, and direction related to QI efforts.
- b. Promote and support a culture of QI in BHSJ CHA.
- c. Promote and support QI efforts and initiatives.

2. Quality Improvement & Accreditation Program

- a. Provide direction for QI efforts throughout the Agency, including the facilitation of a Agency-wide QI Advisory Committee to coordinate QI efforts.
- b. Oversee the development and implementation of the QI Plan.
- c. Provide training, consultation, and technical assistance for QI efforts
- d. Ensure communication of QI activities and QI project results to the Executive Team and Health Officer.
- e. Promote and support a culture of QI in BHSJ CHA.

3. Division Directors

- a. Support the implementation of QI projects:
 - Identify QIAC members to lead QI projects within the divisions or programs.
 - Assist in identifying resources for QI projects and public health measures for tracking.
 - Assure that QI projects advance the Program, Division, and Department goals, objectives, and strategic plans.
- b. Provide the QIAC members and project teams with opportunities to share their findings through staff meetings.
- c. Promote and support a culture of QI in BHSJ CHA.

4. Managers/Supervisors

- a. Develop an understanding of QI principles & tools.
- b. Assure and support staff participation in QI activities as needed.
- c. Promote and support a culture of QI in BHSJ CHA.

5. Quality Improvement Advisory Committee (QIAC)

- a. Participate in Department-wide QI activities.
- b. Assist in the development and refinement of the program's population indicators and performance measures.
- c. Lead division- or program-level QI projects.
- d. Monitor performance of division- or program-level QI projects.
- e. Provide recommendations, expertise, and guidance to QI project teams.
- f. Serve as a liaison between the QIAC and their program.
- g. Advocate for QI practices and support a culture of QI in BHSJ CHA.

6. All Staff

- a. Develop an understanding of basic QI principles and tools.
- b. Become familiar with their program's public health measures.
- c. Identify program areas for improvement and suggest improvement actions to the QIAC members.
- d. Participate in QI activities as needed.

Section IV: Staff Training and Resources

A. New Staff

New departmental staff will receive an orientation and training in QI processes at BHSJ CHA within the first 6 months of employment. During this orientation, new employees will learn basic QI terminology and principles as well as receive an overview of the Department's QI infrastructure, including their role in QI projects. Quality Improvement is also covered in the required [Public Health 101](#) training.

New supervisors will be required to take an additional 4-hours of Quality Improvement training after completion of their ICS courses.

B. Current Staff

There are links to four introductory QI trainings available to all staff in BHSJ CHA on the MITrain website. These trainings include:

1. [Introduction to Quality Improvement in Public Health](#), by the Public Health Foundation (30 minutes)
2. [CQI for Public Health: The Fundamentals](#), by The Ohio State University College of Public Health (2 hours)
3. [Quality Improvement Quick Guide Tutorial](#), by the Public Health Foundation (45 minutes)
4. [IS-45: Continuous Improvement Overview](#), by FEMA Independent Study Program (1 hour)

In addition to the web-based courses, education on QI tools and principles will be added to existing BHSJ CHA trainings sponsored by the agency.

C. QI Advisory Committee

In addition to the educational opportunities listed above, QIAC members will receive ongoing specialized training in various QI methods and tools at quarterly QIAC meetings. The QIAC members also have an opportunity to enroll in additional QI trainings approved by their Division Director and paid for by BHSJ CHA.

D. QI Support

QIAP provides support to programs to carry out QI activities (i.e., develop and manage public health measures as well as implement QI projects). Programs can request guidance or technical assistance. The following examples represent common support request topics: designing meaningful public health measures using Results-Based Accountability, using QI tools, updating public health measures, prioritizing and selecting a Quality improvement project, implementing a QI project plan using the PDCA process, and designing PDCA test cycles and completing storyboards.

E. Tools and Resources

QIAP maintains a library of QI templates, forms, and reference materials that are available to QIAC members and program staff on the agency shared drive: M:\Operations\Quality Improvement.

Section V: BHSJ CHA Quality Management System and Activities

A. Quality Management System Overview

In 2002, the Turning Point Performance Management National Excellence Collaborative developed a Performance Management System Framework (Figure 1). This framework serves as the basis for BHSJ CHA's QI efforts and is referred to as the Quality Management System in BHSJ CHA.

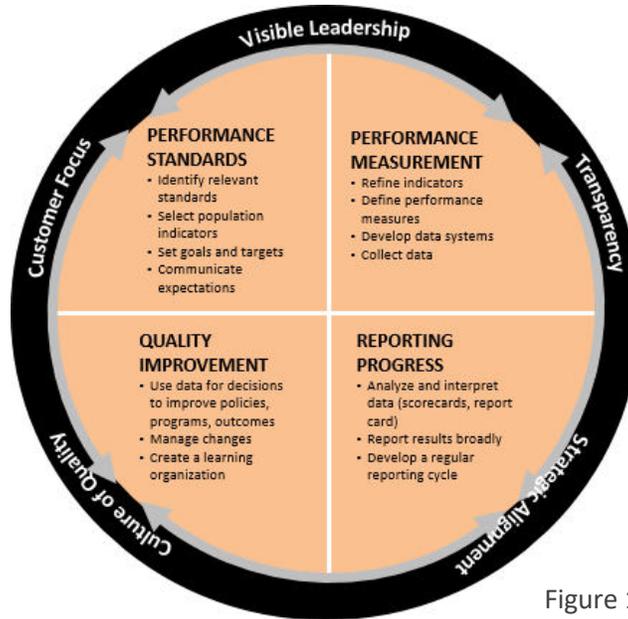


Figure 1. Performance Management System Framework

BHSJ CHA’s QI activities are organized by the four components of the Quality Management System (QMS).^[1] Within each component, BHSJ CHA follows a structure and timeframe to guide the implementation of the Department’s QI efforts:

1) Performance Standards & 2) Performance Measurement

BHSJ CHA follows the Results-Based Accountability Framework to develop a set of Public Health Measures. These measures are reviewed and **updated annually**. Public Health Measures are tracked through the County Health Rankings.

3) Reporting Progress

BHSJ CHA programs collect data for all Public Health Measures **annually**. Reports from our performance management system are generated and shared among BHSJ CHA leaders.

4) Quality Improvement

BHSJ CHA uses the **Plan-Do-Check-Act** Cycle to guide QI projects as needed (**ongoing basis**).

B. Description of QI Activities



1) Performance Standards are organizational or system goals, standards, and targets to improve public health practices.

2) Performance Measurement is used to assess achievement of performance standards.

Each program or division in BHSJ CHA has a set of **Public Health Measures**, which includes both performance standards and performance measures.

- Public Health Measures are structured according to the accreditation standards.
- QIAC members work with their programs to update their Public Health Measures annually.
- The Public Health Measures and data are tracked our performance management system.

There are two categories of measures: population health and program performance. Thus, BHSJ CHA's Public Health Measures includes two levels of measures: Population Indicators **and** Performance Measures. [2]

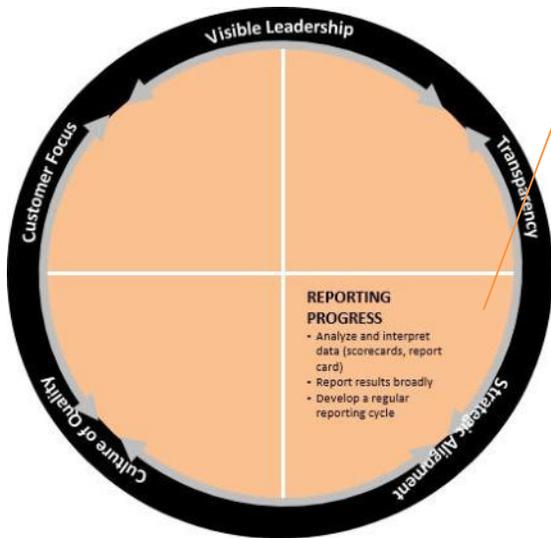
1. **Population Indicators** reflect a measurement of the population's condition or well-being. The indicators are influenced by many factors outside the direct control of our Agency, thus accountability for these measures is often shared by a group of partners.
2. **Performance Measures** measure how well a program, agency or system is working. It focuses on the work performed by the agency and are collected at the program-level.

Other Definitions

Public Health Measures also include targets and goals:

Targets are chosen by each program as measurement goalposts in the progress towards reaching standards. Targets are based on realistic expectations of how far a program is able to move each year or they may be based on national, state, scientific guidelines or other benchmarks.

Goals are identified by each program to identify a unified purpose that embodies the priorities each program will work on for that strategic planning cycle.



3) Reporting Progress is the documentation and reporting of how targets are met through appropriate feedback channels.

Each BHSJ CHA program collects data for their Public Health Measures annually and enters the information in our performance management system.

The data is compared against the program’s target and data from previous years. The results are provided in our performance management system’s reports and discussed quarterly by the QIAC.

Currently, data is reported either annually or quarterly, depending on the measure.

4) Quality Improvement is a process to manage improvement efforts.

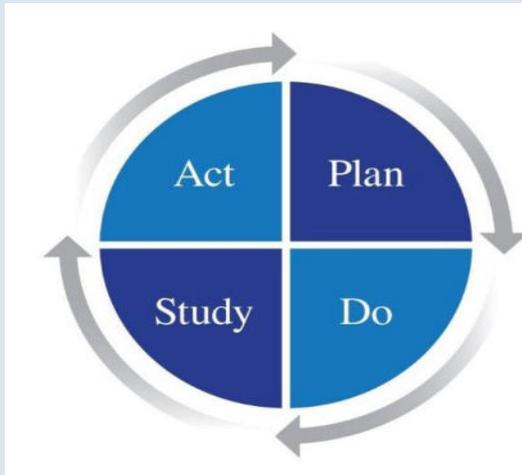
In this component, QIAP encourages programs to conduct QI projects to address areas or opportunities for improvement as needed.

To guide QI projects, QIAP encourages programs to follow the **Plan-Do-Check-Act** Cycle, a process for testing changes that can lead to improvements (Figure 2).

Through the QI Team, QIAP also creates opportunities for QIAC members to learn from one another. Additionally, an annual QI Summit is convened by QIAP to bring together the Department’s leaders and QIAC members to discuss QI efforts across the BHSJ CHA.



Plan-Do-Check-Act (PDCA) Cycle



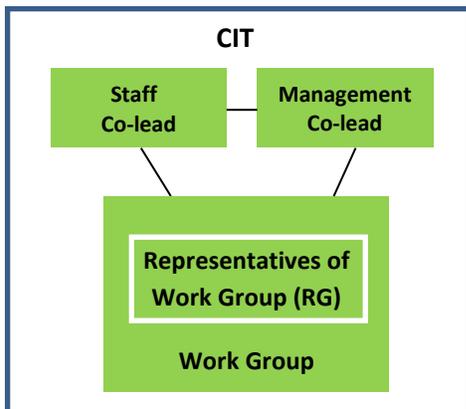
The PDCA Cycle (also known as the PDSA or Deming Cycle) is a systematic process for continuous learning and improvement.

A “**Plan**” for testing changes or new strategies is developed, followed by completing the activities as planned (“**Do**”). Outcomes are monitored for signs of progress (“**Check**”) and based on what is learned, the next steps are planned (“**Act**”). These steps can be completed in a rapid cycle and repeated over and over for continuous learning and improvement. (<https://deming.org>)

All Programs within BSHJ CHA are encouraged to implement rapid-cycle PDCA projects to continuously assess and improve the quality of the Department’s programs and services.

Continuous Improvement Teams

A CIT is a team that brings frontline workers and managers together to make program or system changes to improve day-to-day operations in the work environment. CITs strive to empower staff to help make improvements so that all clients can have a better experience. The CIT structure is based on a Partnership Model.



A pair of co-leads (one representing staff and one representing management) leads the CIT through a **collaborative** process where every member has a voice and an opportunity to contribute their ideas. (This CIT structure is supported by Staff and Management sponsors. A coach also supports the team’s development.)

The team works together using quality and performance improvement methods and tools to set goals, establish metrics, identify problems, and make system changes, improvements and recommendations.

The following are benefits of CITs:

- Program or system changes that will lead to a better customer experience
- Cultural and relationship transformation – CITs give staff more opportunities to play a leadership role and contribute to changes in the workplace in a collaborative way
- Staff have opportunities to build leadership and team-building skills and quality and performance improvement expertise.

C. Culture of Quality Improvement

NACCHO's Roadmap to a Culture of Sustainable Quality Improvement

NACCHO's QI Culture Roadmap includes a self-assessment tool (SAT) to determine in which phase public health departments are in towards reaching a level of sustainable quality improvement implementation. As part of the QI Roadmap tool, NACCHO offers improvement strategies tailored to move health departments' scores from one level to the next higher level.

Branch-Hillsdale-St. Joseph Community Health Agency is at the beginning stage with some staff trained in QI tools and techniques; the department follows the PDCA cycle, and we have completed six "little qi" projects. For 2024-2025 we want to give every member of the health department an introduction to QI, train directors, supervisors, and members of QIAC in the details of QI, and complete a QI project in each division.

More work is needed in the Continuous Process and Leadership foundational areas. Proposed strategies for each are listed in the table below.

Foundational Area	Proposed Strategies
Leadership	Routinely communicates the organization's QI vision and goals to staff
	Provides structure for staff to receive QI training and get involved in QI
	Provides the resources, training and staff time to effectively run improvement activities & projects
Continuous Process	Develop and document standardized work for key work processes
	Make developing/updating standardized work a required output of all process improvement efforts
Teamwork & Collaboration	Create teams that cut across all locations to spur innovation
	Make more visible QI projects completed, post in program/division offices
Employee Empowerment	Clearly define QI expectations of staff
	Make readily available beginner and advanced-level trainings & resources to accommodate both new and experienced staff
QI Infrastructure	Form a QI Leadership Committee
	–Representation from each division
	–Selects annual improvement areas
Customer Focus	Maintain the tracking of accreditation performance standards
	Analyze and use data from customer surveys for improvement in services
	Track improvements for the entire organization
	Share progress with staff

Section VI: BHSJ CHA QI Goals and Objectives (updated annually)

QIAP Public Health Measures

Performance Goal 1: Building organizational capacity to apply QI processes and tools			
1.1	Percent of QIAC members who completed QI process training activities offered by the agency.		80%
1.2	Percent of CITs with a performance management report regarding their QI project.		90%
1.3	Percent of employees who complete QI orientation training on time.		80%

Performance Goal 2: Supporting the implementation of QI projects			
2.1	QIAP will provide 4 QI roundtable sessions to all staff by September 30, 2025		4
2.2	Percent of CITs that complete a QI Project		80%

[Placeholder for PMs that link the Strategic Plan, Community Health Improvement Plan, Workforce Development Plan to the QI Plan.]

Section VII: Communication Strategies

The following communication strategies will be implemented to ensure clear and concise internal communication about the Agency’s QI Plan.

A. Utilize existing communication venues such as the Health Officer’s monthly meeting, Director & Supervisor meetings, BHSJ Insider, and the annual all staff meeting to:

1. Present the QI Plan to senior leaders with the expectation that they will share in their organizational units
2. Share findings from QI initiatives
3. Share successes and lessons learned

B. Utilize the performance management system to:

1. Post the QI Plan and revisions
2. Post QI tools and examples of tool application
3. Report out results at the annual all staff meeting

C. Utilize QIAC members

1. Report on QI Team activity at their program-level staff meetings
2. Teach QI tools to staff in their program
3. Report out results at the annual staff meeting

Section VIII: QI Plan Progress Evaluation

A. Quarterly

1. QIAP logs and tracks requests for technical assistance and QI training activities quarterly.
2. QIAC members submit quarterly updates on their QI projects using the performance management system.

B. Annually

1. The QI Plan will be evaluated by the QIAP Team in October of every year to determine if any targets were met, as well as to provide input on new goals.
2. The QI Annual Report evaluates the QI activities in the prior year, such as actions taken based on public health measure results or customer satisfaction survey results, with results being shared with Stakeholders.

Section IX: Definitions

Continuous Quality Improvement (CQI): is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. [3]

Plan-Do-Check-Act (PDCA): is an iterative four-stage problem-solving model for improving a process or carrying out change. PDCA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDCA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. [6]

Quality: Quality in public health is the result of worthy work well-done. Quality is achieved when the work of the agency is based on science and the best available evidence; is linked with the health outcomes that are most important to the agency and the communities served; and is performed in an acceptable manner, often defined by specific standards. [4]

Quality Improvement (QI): is an integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. [3]

Quality Improvement Plan (QIP): identifies specific areas of current operational performance for improvement within the agency. The QIP and the Strategic Plan can and should cross-reference one another.

Quality Improvement Project Teams: program-level teams, organized to carry out QI activities, namely PDSA cycles. QI Project Teams, with assistance from the Quality Improvement & Accreditation Program, are charged with developing, implementing, evaluating and reporting on formal QI projects.

Quality Management: the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results. [3]

Quality Management System: the continuous use of quality management practices so that they are integrated into an agency's core operations. [1]

Quality methods: builds on an assessment component in which a group of selected indicators are regularly tracked and reported. The data should be regularly analyzed. The indicators show whether agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. [3]

Quality Tools: are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. [6]

Strategic planning and Program planning and evaluation: Generally, the Department’s Strategic Plan and QI Plan encompass strategic planning and QI activities that occur at the level of the overall organization, while Program planning and evaluation are program-specific activities that feed into the Department’s Strategic Plan and QI Plan. Program evaluation alone does not equate with QI unless program evaluation data are used to design program improvements and to measure the results of the improvements as implemented. [3]

Section X: References

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Section XI: Appendices

Appendix A: QI ADVISORY COMMITTEE Charter



Branch-Hillsdale-St. Joseph Community Health Agency QI ADVISORY COMMITTEE CHARTER

Vision

A public health department where: 1) Staff are empowered to identify areas of improvement and find solutions through the application of Quality Improvement tools; and 2) leaders use public health measures for decision-making.

Mission

To train & assist staff to measure and improve the implementation and impact of their program activities.

Goals

- 1) To build organizational capacity for the application of QI processes and tools
- 2) To support the implementation of QI projects
- 3) To lead BHSJ CHA's efforts to obtain and maintain public health accreditation

Role of QI Accreditation Program (QIAP)

- Convenes and facilitates meetings for the Agency-wide QIAC
- Provides access to beginning and intermediate QI training
- Facilitates the development, implementation, and revision of the Agency's QI Plan
- Orients QIAC members to the performance management system
- Provides consultation & technical assistance to QIAC
- Plans and facilitates Agency Roundtable discussions

Role of QI Advisory Committee²

- Serve as liaisons between CITs and their respective programs
- Attend and participate in QIAC meetings
- Provides consultation & technical assistance to CITs and Directors
- Plan, implement and report on program or department-level QI projects
- Share successes and lessons learned with staff members
- Share QI tools learned with staff in their respective programs
- Create program/division-level reports using VMSG and identify program successes and measures/indicators in need of improvement
- With Program Director input, enter program goals, metrics, baseline stories, strategies, evidence and partners in VMSG
- Review customer satisfaction surveys for areas for improvement annually

- Annually review and provide input on the BHSJ CHA QI Plan

Role of Program Supervisors and Division Directors

- Review and provide input on the development/revision of public health measures to be used in programmatic decision-making
- Allow the QIAC to schedule meetings with you as needed
- Include QIAC updates on your staff meeting agendas
- Support the QIAC and their team members when implementing QI projects

QI Team: Agency-wide team consisting of representatives from BHSJ CHA's programs, divisions, or offices

1. QIAC: are QI Advisory Committee members; they are designated quality and performance improvement experts for each of the Department's programs.
2. Program refers to programs or divisions, or offices within BHSJ CHA

Appendix B: QI Annual Calendar

Activity	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
QI Team Reviews & Updates BHSJ CHA QI Plan									X			
QI Round Tables		X			X			X			X	
Programs Complete Customer Satisfaction Initiative	X	X			X	X	X					
Programs start new QI Projects			X	X	X	X	X	X	X			
Programs Update Goals, PH Measures, Strategies, and VMSG									X			
QIAC Reviews & Approves Programs' Goals, PH Measures & Strategies			X			X			X			X
Programs finalize reports in VMSG and Submits them for review & approval								X	X			
Following year's Measures Due**							X	X				
QIAP approves Reports & archives data									X	X		

PUBLIC COMMENT

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