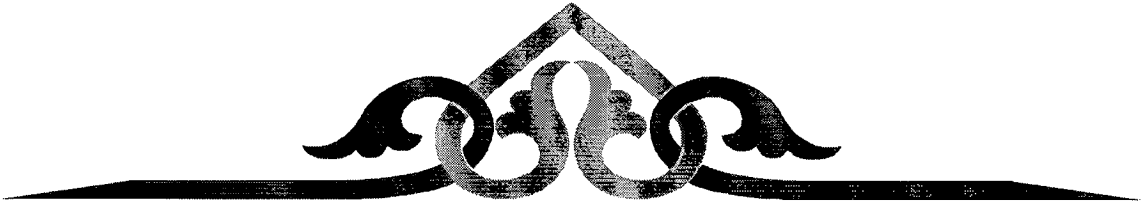


TEAM MENTAL HEALTH SERVICES

Excellence In Enhancing Independence

POLICY & PROCEDURE MANUAL



Our Mission and Promise...

Team Mental Health Services is dedicated to enhance the lives of others by providing services in an environment that promotes quality of life, continuous improvement, and social awareness; in a manner that compliments the goals and needs of the consumer

DISCLAIMER STATEMENT

All statements contained in this manual represents that which is believed to be the highest performance and the maximum quality in the field of mental health services. This manual is intended to be used as consultation material in striving for optimum consumer care and treatment. It is recognized that any specific procedure or service is always subject to modification, depending upon the circumstances of a particular case. Under no circumstances should the manual be interpreted as the standard of care specifying the duties or outlining the requirements of personnel or physicians in the care and treatment of patients.

Policy & Procedures Manual

Administration

Accounting & Record Management
Annual Financial Audit
Budgeting & Financial Reporting
Capital Budgeting
Community Advisory Board
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Contractual Agreements
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Corporate Compliance Program
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Quality Management
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Utilization Review Committee

ADMINISTRATION

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: ACCOUNTING RECORD MANAGEMENT						

Policy

It is the policy of Team Mental Health Services (TMHS) to have established criteria for the management of accounting records in order:

- To assure systematic organization of records
- To assure general accounting practices are being used
- To meet requirements of funding sources for services through routine auditing of accounting activity
- To assure the existence of a reliable source for operations and performance improvement

Procedures

Designate Responsibility

The V.P. of Business Affairs (or his/her designee) will implement the policies and procedures pertaining to the accounting records.

The specific inter-department supervisor will designate one or more staff members the responsibility of controlling the hardcopy accounting records.

All Accounting and Billing personnel must sign a confidentiality agreement.

Access to Records

The confidential accounting records will be stored in cabinets that are locked and reasonably protected against fire, water damage and other hazards.

Access to records will be limited to accounting personnel that are assigned to the specific information contained within the record, including facsimiles, unless otherwise granted by the inter-department supervisor.

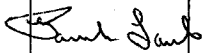
All electronic confidential accounting records will be stored on systems that are accessed through appropriate security, firewalls, and passwords.

The inter-department supervisor will assure that all electronic confidential accounting records will be routinely backed up.

Old Records (See also Retention and Destruction of Records Policy)

Old accounting records will be stored offsite for the period of time required by federal, state and local laws, or for a period which is deemed acceptable for general accounting practices; which ever is greater.

Old records that are no longer required to be stored, will be purged and shredded by a commercial shredding company.

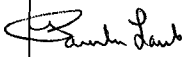
TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: ANNUAL FINANCIAL AUDIT						

Policy

It is the policy of Team Mental Health Services (TMHS) that all financial accounts shall be audited annually to ensure accuracy and identify any systemic accounting issues. The audit will be conducted by an independent firm of CPAs licensed in the State of Michigan.

Procedures

- The annual audit will take place each year and the report will be reviewed upon its receipt.
- The audit report will be submitted by the independent auditor directly to the CEO and President
- The audit results will then trigger a written action plan to improve accounting practices and systems in the company.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: BUDGETING AND FINANCIAL REPORTING						

Policy

Team Mental Health Services' (TMHS) financial planning and management activities are designed to meet established outcomes for the persons served and organizational performance objectives. The accounting department will produce income statements, balance sheets and cash flow forecasts each month for review by TMHS leadership.

Procedures

The Administrative team receives financial reports for their operations and summary reports for the organization as a whole. These financial reports are analyzed at TMHS administrative meetings. The results of the financial reports, outcome measures, productivity measures and other indicators are evaluated to determine the performance of TMHS. The evaluation process will include an action plan to address areas of concern, when performance is not at an adequate level.

The income statements are broken out by division. Actual results are compared with the finalized budget. A variance report is produced by the second week of each month.

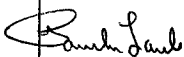
The budget process will begin in October and must be finished by the third week of December. Budgets are prepared that include 1) reasonable projections of revenue and expenses. 2) Input from various stakeholders, as required and 3) comparison to historical performance. Budgets will be disseminated to appropriate personnel (i.e. Executives and Program Directors)

The accounting department prepares a summary of actual revenues and expenditures for each profit center during December. These analyses show detailed breakdowns by:

- revenue
- expense
- indications of volume
- staffing levels

The operational leadership uses these figures and the marketing plans to develop forecasts for volume, reimbursement levels and staffing levels in the coming year. The operational leadership returns the forecasts to the accounting department for conversion to financial projections. After discussion and further modification by the operational leadership, the budgets are submitted to the President. Further discussion and modification result in a consensus budget.

Once approved by the President, the budget becomes finalized. The final budget is the baseline against which actual results are compared in the monthly reporting package.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: CAPITAL BUDGETING						

Policy

It is the policy of Team Mental Health Services (TMHS) to provide consumers and staff with the equipment and facilities needed to perform the highest quality care. The capital budgeting process provides a check and balance system to assure both appropriate service resources and fiscal responsibility.

Procedures

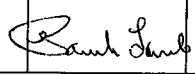
During the budgeting process the Department and Program Managers will ask their staff to submit lists of equipment and materials that they need to provide quality consumer treatment and care.

The resulting list is reviewed by the Vice President of Business Affairs (or his/her designee), to approve the need of the expense and determine the timing of the expenditure based on the following justifications:

- Replacement of equipment that is worn out or obsolete
- The need for more equipment to handle an increasing volume of treatments
- The need for new equipment to support a new program

The approved list is used to modify the budget. Once the capital budget is approved, the Vice President of Business Affairs (or his/her designee) may make the necessary expenditures at the times listed in the budget.

This capital budgeting procedure must be applied to any item expected to last three years or more and costing more than \$1,000. New equipment costing less than \$1,000 per item may be included in the capital budget to ensure that we have a complete list of projected expenditures, but this is not required by policy.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: Community Advisory Board						

Policy

It is the policy of Team Mental Health Services (TMHS) to maintain a Community Advisory Board who will provide TMHS' Leadership with guidance and input pertaining to organizational management.

The Board provides for the development and growth of the agency. They meet on a regular basis with TMHS administration to consult, review, and assist in the planning and implementation of the strategic plan, in accordance with the mission and values of the corporation.

Procedures

The Community Advisory Board consists of:

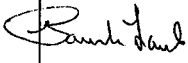
- Assistance in creating and maintaining the core values and mission of the organization.
- Providing input to the creation of the strategic business plan.
- Reviewing policies and procedures to ensure that the values and mission of TMHS
- Meeting on a regular basis with the operational leadership to share input and communicate progress towards strategic goal attainment.

Composition of Community Advisory Board

Team Mental Health Services, annually will review the membership of the Community Advisory Board. TMHS' CEO will determine if additional members should be selected to participate on the board or if members should be removed. Membership will be on a two year basis. The expiration of membership of the board will be staggered to eliminate risk of entire board membership turn-over within one calendar year.

Frequency of Meetings

The Community Advisory Board will meet quarterly, or more frequent, if needed.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: COMPUTERS						

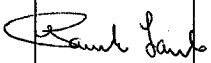
Policy

It is the policy of Team Mental Health Services (TMHS) that all computers provided for staff and consumers are used in a relevant, professional manner.

Procedures

All computers provided by TMHS for use by consumers and/or staff shall be used only for work related purposes. Computers shall not be used for personal reasons. Printing from computers may only be work related.

No software or hardware shall be loaded or downloaded onto a TMHS computer without the expressed permission of TMHS Administration and such downloads completed by the appropriate IT technician.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: CONTRACTUAL AGREEMENTS						

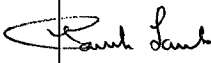
Policy

It is the policy of Team Mental Health Services (TMHS) to utilize proactive steps to continually develop, improve and evaluate all contracts assuring adherence to contractual and regulatory requirements.

Procedures

Authorization to sign contracts is limited to the TMHS President, or designee. The Administrative Team reviews contracts on a regular basis. All contracts signed are based upon services outlined in the TMHS business plan. At a minimum all contracts will be reviewed and resigned annually.

TMHS will not sign contracts with providers that are excluded from participation in Federal Health Programs as defined in regulatory statutes and are prohibited from a service relationship in situation of disbarment, suspension or other exclusions. (See HIPAA Policy)

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: Copying Medical Record Fee Policy						

Policy:

It is the policy of Team Mental Health Services (TMHS) to provide copies of medical records to authorized persons within a reasonable time frame of the request, in accordance with the Medical Records Access Act 47 of 2004, 333.26269Fee; and the subsequent Consumer Price Index increase of Medical Records Access Act fees.

Procedure:

Requests for copies of medical records must be in writing and include the properly endorsed release(s) or legal subpoenas. Legal subpoenaed records will be given priority for duplication and shipping. Team Mental Health will charge a reasonable fee for providing copies of records in accordance with applicable state laws.

In the event that the current price for duplicating medical records is in question, both the Medical Records Access Act 47 of 2004, 333.26269Fee; and the subsequent Consumer Price Index increase of Medical Records Access Act fees will be referenced, along with any other related regulations.

Fees for copying medical records will be invoiced using the Medical Record Request Invoice (see attached). The Medical Record staff will be responsible for logging the copying and shipping of the records and will forward copies of the invoices Accounting department at least once a week.

The Accounting Department will post the invoices accordingly to the financial records.

A patient (consumer) will NOT be charged the "Initial Fee" or minimum fee for copying medical records. Patients (consumers) will be charged the subsequent per page fees.

All requesting entities, other than the consumer, will be charged the "Initial Fee"

If a consumer is indigent they may request a one-time courtesy copy at no charge. Team Mental Health reserves the right to verify that the consumer is indigent, prior to extending the courtesy.

References (excerpts):

MEDICAL RECORDS ACCESS ACT

Act 47 of 2004

333.26269 Fee.

Sec. 9. (1) Except as otherwise provided in this section, if a patient or his or her authorized representative

makes a request for a copy of all or part of his or her medical record under section 5, the health care provider, health facility, or medical records company to which the request is directed may charge the patient or his or

her authorized representative a fee that is not more than the following amounts:

(a) An initial fee of \$20.00 per request for a copy of the record.

(b) Paper copies as follows:

(i) One dollar per page for the first 20 pages.

(ii) Fifty cents per page for pages 21 through 50.

(iii) Twenty cents for pages 51 and over.

(c) If the medical record is in some form or medium other than paper, the actual cost of preparing a duplicate.

(d) Any postage or shipping costs incurred by the health care provider, health facility, or medical records company in providing the copies.

(e) Any actual costs incurred by the health care provider, health facility, or medical records company in retrieving medical records that are 7 years old or older and not maintained or accessible on-site.

(2) A health care provider, health facility, or medical records company may refuse to retrieve or copy all or part of a medical record for a patient or his or her authorized representative until the applicable fee is paid.

(3) A health care provider, health facility, or medical records company shall not charge a fee for retrieving, copying, or mailing all or part of a medical record other than a fee allowed under subsection (1). Except as

otherwise provided in subsection (4), a health care provider, health facility, or medical records company shall

waive all fees for a medically indigent individual. The health care provider, health facility, or medical records

company may require the patient or his or her authorized representative to provide proof that the patient is a

recipient of assistance as described in this subsection.

(4) A medically indigent individual that receives copies of medical records at no charge under subsection

(3) is limited to 1 set of copies per health care provider, health facility, or medical records company. Any

additional requests for the same records from the same health care provider, health facility, or medical records company shall be subject to the fee provisions under subsection (1).

(5) Notwithstanding subsection (1), a health care provider, health facility, or medical records company

shall not charge a patient an initial fee for his or her medical record.

(6) Beginning 2 years after the effective date of this act, the department of community health shall adjust

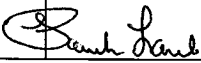
on an annual basis the fees prescribed by subsection (1) by an amount determined by the state treasurer to

reflect the cumulative annual percentage change in the Detroit consumer price index.

History: 2004, Act 47, Imd. Eff. Apr. 1, 2004.

Rendered Tuesday, August 09, 2005 Page 1 Michigan Compiled Laws Complete Through PA 103 of 2005

☐☐Legislative Council, State of Michigan Courtesy of www.legislature.mi.gov

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: CORPORATE COMPLIANCE PROGRAM						

Policy

All TMHS business will be conducted in a manner that supports the development and maintenance of effective internal controls that promote adherence to applicable federal, state and local laws and the program requirements of federal, state and private health plans.

- To detect misconduct or wrongdoing as soon as it occurs so that the problem can be quickly remedied and adverse consequences minimized
 - To advance the prevention of fraud, abuse and waste in providing care
 - To disseminate a positive, law-abiding corporate value, creating an atmosphere that discourages wrongdoing
 - To establish the following key-laws as foundational for our Corporate Compliance Program:
 - False Claims Act
 - Debt Reduction Act
 - HIPAA
 - Anti-kickback statutes
 - Whistle Blower's Protection Act
- NO EMPLOYEE WILL BE RETALIATED AGAINST FOR REPORTING SUSPECTED FRAUD, ABUSE, WASTE, OR ANY OTHER MATTER**

Procedures

Standards of Conduct

All employees of TMHS are required to accept, agree, and sign the Code of Conduct as a condition of employment.

A copy of the Corporate Compliance Program policy and/or manual (or supportive material) will be given to each new employee upon hire and upon request.

All employees must acknowledge the requirement to report suspected violations of the compliance program and code of ethics; the procedures for reporting; and the consequences for failing to report such suspected violations.

The Human Resources department is responsible for certifying that the new employee has not been excluded from participation in any federal or state healthcare program, or been criminally convicted of any crime regarding the federal or state healthcare program.

Compliance Officer and Committee

A Compliance Officer will be selected by the executive leadership team or their designee. This selection will be based on his/her record of achievement, high level of integrity, intellectual aptitude and familiarity with the federal and state laws governing the general operations of the company.

The compliance officer will have authority to enforce all aspects of compliance for the company, endorsed by the executive leadership team and their designee and will remain

in place until removed, in writing, by the executive leadership team or their designee. Said removal will not be in response to any investigation, suspected violation or any open case(s).

A Compliance Oversight Committee will be established by the executive leadership or their designee, to assist the compliance officer. Prospective members of this committee must have knowledge of relevant subject matter and be of high integral reputation.

Education and Training

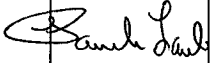
A basic compliance seminar will be offered to all new employees (and annually thereafter) to educate and test them about the basic components of the compliance program, the code of ethics and the procedure for reporting suspected violations.

Attending the compliance seminar is a condition of continued employment for all staff members.

Internal Audits

Routine internal audits will be performed and will include, at minimum:

- A review of the coding process
- A review of the billing and documentation practices (billing department and the outpatient clinics)
- A review of compensation arrangements with healthcare professionals that might pose anti-kickback or anti-referral violations
- Ethics-related interviews with executive leadership regarding business decisions, operations and management
- A review of reported violations and investigative findings, and of the compliance program itself to better address such violations
- A review of documents and other written material generated by the organization

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: FEE ASSESSMENT (Ability to Pay)						

Policy

It is the policy of Team Mental Health Services (TMHS) that all consumers requesting services will be evaluated for their ability to pay for services received and informed of any charges they are responsible for paying.

Procedures

During the initial assessment, the Case Manager will discuss financial status with the consumer and/or legal guardian.

A fee for service may be assessed for each therapeutic intervention, as is the case of outpatient therapy appointments, or The Case Manager and consumer and/or legal guardian will document and sign the finalized fee agreement on a *Financial Determination Form (see attached)*.

TMHS staff will assist consumers with financial assistance applications (MI Child, Medicaid, SSI, etc.)



Full Financial Determination

Responsible Party's Name (if other than above): _____

A. ANNUAL Income		C. ANNUAL Unreimbursed Expenses	
1. Gross Pay (Individual)	\$	1. Food, Clothing, Personal Necessities	\$
2. Gross Pay (Spouse)	\$	2. Employment/Business	\$
3. Other income (SSD, SSA, SSI, Adoption Subsidy, Child Support) List Below	\$	3. Mortgage/Rent (utilities not included in needed repairs)	\$
4.	\$	4. Medical Services	\$
5.	\$	5. Taxes-Property	\$
6.	\$	6. Taxes-Federal Income	\$
7. Total Gross Annual Income	\$	7. Taxes-State Income	\$
8. Protected Income (See *)	\$	8. Taxes-Local Income	\$
9. Net Annual Income	\$	9. Elementary/Secondary/Post Secondary Education	\$
B. Assets	\$	10. Other Personal Debt List below (contracted prior to applying for services):	\$
1. Real and Personal (boat, 2 nd car, vacation home, etc)	\$	11.	\$
2. Cash, Bank Accounts	\$	12.	\$
3. Stocks/Bonds/Other Savings	\$	13. Court Ordered Payments	\$
4. Other (e.g., CD, 401K, IRA) List Below:	\$	14. Transportation	\$
5. Total Assets	\$+	15. Total Expenses	\$
6. Protected Assets (See below *)	\$-	D. TOTAL: Net Annual Income + Net Assets – Total Expenses	\$ =
7. Liabilities Against Assets	\$-		
8. Net Assets	\$=		

***Protected Assets:** Individuals - \$2,000.00 Individual & Dependent - \$3,000 Each Additional Dependent - \$200.00

***Protected Income:**

Residential consumers:

\$44.00 per month personal needs allowance, plus up to 20.00 per month income disregard

Up to \$50.00 per month clothing expense allowance


\$65.00 per month of earned income plus 1/2 of earned income over \$65.00 per month

Non-Residential Consumers (Semi-Independent Living)

Up to \$230.00 per month for food, clothing and personal necessities expenses

I/We do hereby acknowledge that I/we have read the foregoing and do hereby certify that the statements therein contained are true.

Signature: _____ **Date:** _____

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: FISCAL MANAGEMENT AND FEE COLLECTION						

Policy

It is the policy of Team Mental Health Services (TMHS) to manage our fiscal interests in a fair and responsible manner that results in prompt payment for services billed.

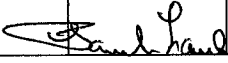
Procedures

If payment is not received within 45 days of the original invoice, the following procedure will be followed until payment is received.

- 45 days from the date of the invoice, a customized billing statement is mailed by the V.P. of Business Affairs (or his/her designee) and a copy given to the appropriate Operations Manager.
- 60 days from the date of the invoice, a duplicate bill stamped "Past Due" is mailed. The Financial manager contacts the consumer regarding payment and the contact is documented.
- 90 days from the date of invoice, a duplicate invoice is stamped "Past Due" mailed and documented.
- 120 days from the date of the invoice, the Financial Manager sends a letter informing the payer of legal action.
- 150 days from the date of the invoice, the Financial Manager informs the TMHS attorney, to determine what further action will be taken.
- This collection process may be expedited if TMHS deems necessary.

The Executive Management staff will receive a list of aged receivables with the monthly financial statements for review and analysis of trends.

If payment is not received within one year of the date of the original invoice, the President will consider the need to write-off the amount.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY RULES						

Policy

It is the policy of Team Mental Health Services (TMHS) that all employees safeguard confidential consumer health information and minimize the risk of unauthorized access, use or disclosure of consumer information.

Procedure

All TMHS employees shall take reasonable steps to safeguard confidential consumer information¹ from any intentional or unintentional use or disclosure in violation of the privacy policies.

In accordance with HIPAA, TMHS is adopting the following procedures:

Workstation Practices

All employees shall store consumer files and documents in locked cabinets or files. Where cabinets or files with locks are unavailable, staff shall take reasonable precautions to ensure the security and safety of the information. Documents awaiting disposal are to be protected from public or unauthorized access and shredded on a regular basis consistent with TMHS record retention policies. Confidential information, files or documents, or copies of such information in any form whatever shall never be taken off of the premises, left in a common area such as a conference room, employee break room, bathroom or lounge.

Additionally, employees must ensure that observable confidential information on paper and computer screens is adequately shielded from unauthorized disclosure. Examples of such practices include facing computer screens away from public areas, covering or turning over confidential paperwork when approached by unauthorized persons at your workstation, locking away confidential paperwork and electronic media (disks) when leaving your workstation, and locking down computer workstations when not in use.

Electronic Data Confidentiality Practices

In addition to meeting the requirements for electronic data transactions under HIPAA, individual employees shall take all reasonable and necessary steps to ensure electronic confidential information cannot be accessed by unauthorized parties. Examples of such practices include the use of computer safeguards such as firewalls, virus detection software, intranet systems, e-mail confidentiality notices and individual passwords for access to confidential information systems. When at all possible, confidential information of any type, including HIPAA protected consumer information, employee confidential information and confidential business practices should be kept on company premises and not transported via portable electronic devices. Those authorized

¹ In all formats, including oral, paper, electronic and visual representations.

employees storing or transmitting confidential information on portable electronic devices such as PDA's, Blackberries, laptops, and handheld computers should take all reasonable precautions against its unauthorized disclosure or dissemination.

Oral Confidentiality Practices

All employees must take reasonable precautions to protect the privacy of all verbal exchanges or discussions of confidential information, regardless of where the discussion takes place. Examples of some precautions include closing office doors, talking in non-public areas, and when discussions in public areas cannot be avoided, talking quietly and without the use of a consumer's name or other disclosing information.

Phone Messages

TMHS may leave a detailed message to any person the consumer designates or a brief, general message to any other person or on the consumer's answering machine. TMHS employees shall use their best professional judgment to assure that any information disclosures are in the best interest of the consumer and his/her privacy.

Facsimiles

TMHS shall take reasonable and appropriate administrative and technical steps to protect the confidentiality of protected health information that is transmitted by facsimile. Examples of such safeguards include: confirming the receiver's fax number, including a confidentiality statement on the fax cover page and double-checking the number dialed before transmitting.

Privacy Notices and Disclosure Authorization

TMHS is permitted by HIPAA to obtain consumer authorization for use and disclosure of protected health information for treatment, service and payment. Upon admission, TMHS shall explain and provide an information sheet on its privacy practices and how consumer information may be used. Each consumer/legal guardian shall execute a Privacy Notice and Disclosure Authorization, which shall be kept in a secure, central location.

Ongoing Treatment / Other Health Care Providers

The HIPAA privacy rule permits TMHS to disclose a consumer's protected health information, without the consumer's express authorization, to another health care provider for its treatment of the consumer. All disclosures shall be documented on a "Protected Health Information Disclosure Log". Any consumer/guardian shall have access to their PHI Log at any time upon request.

Parents/Guardians

Generally, HIPAA permits a parent or other legal guardian to view medical records. However, such access is not authorized when it conflicts with state or federal law expressly prohibiting such access, which includes:

- When the minor consents to the care and parental consent is not required by law;
- When the minor obtains care at the direction of the court or court-appointed advocate;
- When and to the extent that, the parent/guardian agrees that the consumer and the health care provider have a confidential relationship.

However, even in these exceptional situations, the parent may have access to the medical records of the minor when applicable law allows such access. TMHS employees should confer with the Legal Department for direction in specific instances and legal interpretation of court documents.

Finally, TMHS may, at its discretion, choose not to allow a minor's protected medical information when, it reasonably believes that the minor is, has been, or is in danger of being subjected to any abuse or neglect by the minor's parent or legal guardian.

Business Associates Contract

A "business associate", as defined by HIPAA, is a person or organization outside TMHS that provides services on behalf of or to TMHS that involve the use or disclosure of confidential consumer health information, such as claims processing, data analysis and billing. Services are limited to legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. When TMHS contracts such services, it is required by HIPAA to have an executed Business Associates contract with the service provider. Such contracts shall be included as an addendum to the service contract and kept on file with the contract.

Training and Enforcement

TMHS's officers and Legal Department shall train staff as necessary on HIPAA policy and procedure, and are responsible for enforcing same. Any employee violating this policy shall be subject to disciplinary action, up to and including termination.

Throughout TMHS facilities, the name, address and phone number of the privacy officer is posted as:

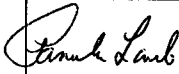
Michael Hunter, BHRM
22720 Michigan Ave, Ste 200
Dearborn MI 48124

TMHS will review HIPAA Privacy Protection annually or as directed by the office of Civil Rights in the Department of Health and Human Services.

For more information on HIPAA, employees may contact the privacy officer. Employees may also visit www.hipaa.com, www.hhs.gov/ocr/hipaa, or call 866/627-7748.

Records

All administrative records, including personnel files, are maintained in locked offices accessible only by authorized personnel. For information related to consumer records, please see the "Case Record Management" policy.

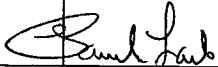
TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: INTERNAL CONTROLS						

Policy

It is the policy of Team Mental Health Services (TMHS) to clearly organize and maintain the division of duties and financial controls necessary to prevent unauthorized expenditures. TMHS is committed to implementing and enforcing the procedure outlined below to ensure that costs are charged to correct programs. By maintaining the integrity of the choice and charge of our expenditures, we can more accurately access the needs, profitability and effectiveness of our departments and programs.

Procedures

- All purchases of goods or expenditures on services must be authorized by the Program Director.
 - Expenditures exceeding \$500 must be approved by the Vice President.
 - Expenditures over \$5000 must be approved by the President.
 - All Expenditures must be supported with a Check Request
- Once authorization is received, the employee requesting the expenditure places an order for the supplies, equipment or other services. A copy of the order is sent to accounting so that the expense can be charge to the right cost center.
- When invoices are received, they are routed to the employee placing the order for verification that the goods have been received or the services provided in a satisfactory manner. When accounting receives the confirmed invoice back,
 - The accounting department notes the program for which those goods and services were purchased
 - Enters them in the accounting system
 - Generates the checks for payment.
- After checking the paperwork showing correct authorization and confirmation of receipt, the checks are signed by the CEO.
- Similar controls are in place for major recurring expenses such as wages and lease payments.
 - All new Hires must be approved in accordance with the company policy on hiring.
 - New lease commitments are all authorized by the Vice President.
 - Salary and wage expenditures for existing employees are controlled in accordance with payroll policies.
- Supply Ordering must follow the procedures outlined in the Supply Ordering Policy.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			4/09		
Policy: MANAGING CASH AND MAINTAINING SOLVENCY						

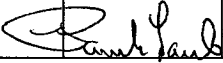
Policy

It is the policy of Team Mental Health Services (TMHS) to produce monthly financial reports to assist in the fiscal management process. These reports include income statements, balance sheets and cash flow forecasts. The CEO and President analyze the statements monthly and determine the actions necessary to manage cash and keep the company solvent.

Procedures

Provided payers pay the company's invoices within normal time limits, the company will have adequate cash flow. When billings or payments are delayed or a major expenditure is required, the President will choose one of the following options to manage cash and solvency:

- The owner may make additional equity contributions to TMHS
- The owner may make loans to TMHS.
- TMHS may borrow against its' banking facilities.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: OPERATIONAL LEADERSHIP CHARGE						

Policy

It is the policy of Team Mental Health Services (TMHS) that the Operational Leadership of the organization is comprised of the CEO, President, Vice President of Operations, Vice President of Business Affairs, Director of Quality Control (or designee), and Program Directors.

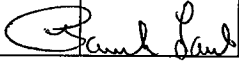
Procedures

The Operational Leadership Team meets on a regular basis with the executive leadership to plan and implement the strategic plan, marketing plan, budgeting, develop policies, and review performance, in accordance with the mission and values of the corporation.

The Operational Leadership Team will:

- Assist the Executive Leadership in maintaining the core values and mission of the organization.
- Maintain the integrity of the therapy process and the ethical provision of services.
- Provide input to the President and executive leadership, to assist in the development of the strategic business plan.
- Together with the executive leadership and Advisory Committee, develop policies and procedures to ensure that the values and mission of the organization are being maintained, and support co-occurring mental health and substance use treatment.
- Ensure program compliance with all applicable legal and regulatory requirements.
- Ensure all agency staff provide a warm and welcome approach in providing supports and services to persons for whom services are provided.
- Work under the direction of the Legal Council, to review and act upon matters of risk management and corporate compliance.
- Meet on a regular basis with the executive leadership and TMHS staff to receive input and communicate progress towards strategic goal attainment.
- Work as a team to monitor the finances of the corporation and resource utilization, as it relates to the values and mission of TMHS and each of our programs.
- Maintain the quality outcomes of the services provided to our stakeholders, regardless of the area of responsibility each individual has in the organization.
- Be accountable for the content and quality of the programs and services offered to the stakeholders.
- Maintain and monitor the collection of outcome data at the consumer and program level for the purpose of decision-making and performance improvement.
- Advocate for the access to appropriate services for all stakeholders including persons with co-occurring mental health and substance use disorders including screening, assessment, supports, and services.

- Ensure the health and safety of the consumers, staff and other stakeholders, at the program level.
- Implement and encourage the use of systems of communication among all levels of the program and in all locations, encouraging input from all stakeholders.
- Supervise the personnel of the program by: monitoring their job performance, assessing their skill levels and directing their educational growth including the ability to address co-occurring mental health and substance use disorders at the level of encounter for which they are responsible.
- Be accessible and available to TMHS personnel and the persons served.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: POLICY AND PROCEDURE MANUAL						

Policy

It is the policy of Team Mental Health Services (TMHS) to develop and maintain a Policy and Procedure Manual for the purpose of providing TMHS Management and staff with a set of operational procedures and instructional policies necessary for the provision of services to our consumers.

Any change or exception to policy should be directly submitted to the President, or designee for approval or revision.

Procedures

Manual Organization

- The contents of the Policy and Procedure Manual are organized by section.
- A Table of Contents is located at the front of the manual.
- Main headings are listed on the Table of Contents below each section.
- Additional sections or content may be added as the need occurs.

Approval/Revisions

Periodically, policies will need to be created, updated, or, edited; when this occurs the following steps will be taken:

- Individuals identified as responsible by the President will draft or edit policies accordingly, at minimum this will include the Program Director and Medical Director.
- Input will be obtained from all pertinent parties, included, but not limited to, the policy and procedure committee, or sources to completed the draft language
- Draft policies will be presented to the Administrative Committee for review or additional input
- Once approved by the Administrative Committee, the policy will be submitted to the President to obtain verification signatures and revision dates on the policy
- Approved/verified policies will be forwarded to all departmental and programmatic meetings for dissemination to staff
- After policies are reviewed at the departmental/programmatic meetings they will be placed in the departmental/program manuals and implemented

Dissemination of Manual Content

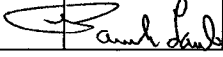
The information contained in the Policy and Procedure Manual may be disseminated by the following methods:

- New Hire and Program Orientations
- Memorandums or copies of specific manual contents

- On-going employee in-services and trainings
- Availability of manual copies for employee reference
- Departmental/programmatic meetings
- Web-site or other form of electronic media

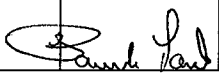
Maintenance of Manual

- The Policy and Procedure Manual will be reviewed at least annually or sooner if indicated to identify any areas which requiring updating and revision.
- The manual may be reviewed by an ad-hoc committee that will (minimally) consist of the President, Vice President of Business Affairs, Vice President of Operations, Program Directors, and a representative from the Quality Improvement Committee

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: PROVISION OF SERVICES STATEMENT						

Policy

It is the policy of Team Mental Health Services (TMHS) to provide an array of services with the intended goal to be full recovery for the individual who may be mentally, cognitively or developmentally impaired, and who may have activity limitations and participation restrictions. Services will be provided by an elite team of professionals and paraprofessionals focused upon providing quality care in consumer settings, clinical settings, and individual's homes. This policy also includes consumers with co-occurring disorders.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: SUBPOENA FOR TESTIFYING						

Policy

It is the policy of Team Mental Health Services (TMHS) to comply, as appropriate and legally mandated, with subpoenas requesting staff testimony. At all times consumer confidentiality will be maintained within the mandates of state and federal law.

Procedures

Upon receipt of a Subpoena for testimony in the form of a records request:

- a. The clinic Program Director (or his/her designee) will ensure that the records are retrieved and scanned for distribution on a CD/DVD or that they are photocopied and properly bound.
- b. The records should be forwarded as instructed on the subpoena

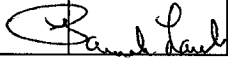
Upon receipt of a Subpoena for personal/professional testimony:

- a. If the subpoena is directed to a specific staff person, the staff person must advise the Corporate Compliance Officer of the subpoena.
- b. The Corporate Compliance Officer will encourage the staff person to speak with the company's retained legal counsel (at no charge to the staff person), while advising the staff person that they have the right to consult their own legal counsel (at their cost).
- c. The company's retained legal counsel will help the staff person decide if the legal counsel should accompany them to court.

A subpoena is considered valid when it is served in accordance with the current state and/or federal laws governing subpoena servicing.

If an employee goes to court to answer a subpoena, they will be compensated for any time that is not otherwise covered by the courts, including mileage.

If an employee is subpoenaed to court for an action in which they are a party (petitioner or respondent) they will not be compensated for any time that is not otherwise covered by the courts. They may use any accrued vacation, mental health, or sick leave to cover this time away from work.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: SUBPOENAS, WARRANTS, INVESTIGATIONS, AND OTHER LEGAL MATTERS						

Policy

It is the policy of Team Mental Health Services (TMHS) to fully cooperate in all court ordered investigations and to provide all possible voluntary cooperation to any other legal matters while maintaining our commitment to the privacy and well-being of our employees and consumers.

Procedures

Subpoenas

All court ordered investigatory matters shall immediately (the same business day) be referred to the Legal Department for review and direction. Some examples of court orders include: guardianship decrees, arrest warrants, search warrants, subpoenas and divorce decrees.

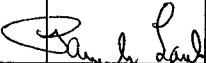
Search Warrants

When presented with an arrest or search warrant, you should presume that the warrant is valid and comply with the request, but contact the Legal Department or Administrative Office immediately.

Investigations and other Legal Matters

Except for subpoenas, all requests from attorneys are the same as any request from the general public and do not have the force of law. Therefore, any compliance by TMHS in these matters is voluntary. All such requests shall be forwarded to the legal department for review and direction.

Employees shall keep all legal matters confidential, regardless of the nature of the investigation or order, and shall fully cooperate with all direction and requests by the Legal Department regarding such matters.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: SUGGESTION BOX						

Policy

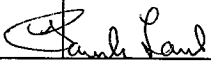
It is the policy of Team Mental Health Services (TMHS) to review and consider all suggestions by consumers and staff for the improvement of our organization and consumer services.

Procedure

Each site of service and our administrative offices will have a suggestion box that is clearly labeled and easily identified. Suggestions will be picked up no later than the 30th of each month.

Responsibility for maintenance, collection and review of suggestions is as follows:

- Skill Building Supervisor will be responsible for maintaining a Suggestion Box for their program including the collection and review of these suggestions. These suggestions will then be presented at the Manager's Meeting and the results of the suggestions and possible follow up will be documented in meeting minutes.
- Program Directors will be responsible for maintaining a Suggestion Box for their program including the collection and review of these suggestions. These suggestions will then be presented at the Operations Meeting and the results of the suggestions and possible follow up will be documented in meeting minutes.
- Administrative Assistants will be responsible for maintaining a Suggestion Box for the Administrative Office including the collection and review of these suggestions. These suggestions will then be presented at the Administrative Meeting and the results of the suggestions and possible follow up will be documented in meeting minutes.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: Supply Request and Ordering Policy						

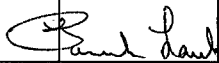
Policy

It is the policy of Team Mental Health Services (TMHS) to provide each site the appropriate amount of supplies to function on a day to day basis with little to no interruption.

Procedures

Program Directors will designate a staff to be responsible for recording a weekly inventory of all supplies. Orders should be placed every other Tuesday by noon, unless there are unforeseen circumstances. Supply requests are generated by completing a Requisition Form (see attached) electronically. The Requisition Form is then emailed to the designated staff in Administration. The designated staff will then coordinate with TMHS's Supply Distributor.

Once supplies are received the responsible staff at each site will forward the packing slips to the designated staff in Administration for reconciliation purposes.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: Technology						

Policy

It is the policy of Team Mental Health Services (TMHS) to plan for the use of technology to support and advance effective and efficient service and business practice.

Procedures

TMHS will maintain a technology and system plan that includes:

- a. Hardware
- b. Software
- c. Security
- d. Confidentiality
- e. Backup policies
- f. Assistive technology
- g. Disaster recovery preparedness
- h. Virus protection
- i. Supporting information management and performance improvement activities.

If TMHS provides services via the Internet, the organization will ensure HIPAA compliant access to information that provides for:

- a. Security for personal information
- b. Alternative access formats
- c. Accessibility and accommodations
- d. A user-friendly interface
- e. Online information 24 hours a day, 7 days a week
- f. Personnel to provide instruction and guidance to accessing services provided by the organization.
- g. Connections or links with other local providers or affiliates for personal contact and information

TMHS will assess its use of technology to:

- a. Enhance individual services
- b. Improve efficiency and productivity of personnel
- c. Communicate with stakeholders
- d. Improve services to isolated populations when applicable.

Security

All TMHS computers and networks are to be password protected so that casual access is impeded for unauthorized users.

Because TMHS utilizes first-come office pool workstations, the IT department shall routinely reset passwords for all community-type computers so that the machines remain as secure as possible.

Network passwords are reserved for individual staff persons and may not be shared among coworkers, without the consent of the supervisor, IT staff, or administration.

Community Passwords shall only be shared by the individual(s) using the community computer and their immediate supervisor(s). Additionally, all computer screen savers are to be set at 2-5 minute intervals in order to protect confidential information and limit access to same.

Employees using removable storage devices, such as CDs, DVDs, and USB Drives (i.e., jump drives), are responsible for maintaining the security of any consumer's personal health information (PHI) that may be on the device; in accordance with the HIPAA laws.

Note: TMHS does not authorize storing consumer information on local computers.

Backups and data recovery

If consumer information needs to be stored, it will be stored in/on a networked or shared server medium only, so that the proper backups and data recovery systems can be maintained.

All medical records, medical record discharges/offsite storage, new intakes, and clinic schedules shall be maintained electronically and routinely backed up.

The IT department shall facilitate the automation of all back up routines and keep accurate records of the scheduled events.

The IT department shall run data recovery tests, and record the results of such tests, at least quarterly.

Anti-virus protection

At a minimum, all networks and Internet accessed firewalls will be configured with anti-virus protection.

All TMHS servers will be configured with local anti-virus protection.

All accounting and critical operation computers will be configured with local anti-virus protection.