

SUBJECT Region 10 PIHP Board		CHAPTER 01	SECTION 01	SUBJECT 01
CHAPTER Administrative		SECTION Governance		
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I. APPLICATION:

- PIHP Board
- PIHP Staff
- CMH Providers
- CMH Subcontractors
- SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the PIHP Board to maintain an organized process for the appointment, replacement and orientation of its members. Membership terms shall be as specified in the PIHP Board Bylaws.

III. DEFINITIONS: N/A

IV. STANDARDS:

- A. PIHP Board member terms of office shall commence immediately following appointment for each new term of office, unless a current member resigns (or requests replacement) and a new appointment to the PIHP Board is made.
- B. There shall be 13 to 15 Directors on the Board. Each CMHSP will appoint two (2) individuals, one (1) will be the Board Chairman/designee and the other does not have to be a Board member, to serve as a Director, collectively appointing eight (8) Directors. The remaining five (5) to seven (7) Directors shall be at-large members.
- C. All potential Board members must fill out a Board Member Application (Exhibit A), which will be used in the Board member selection process.
- D. PIHP Board/Interview Committee: The Interview Committee shall be endorsed by the PIHP Board. The PIHP Board shall utilize the following process to fill the vacant seat:
 - 1. The Board shall either identify prospective members to fill an at-large vacancy on the PIHP Board from previous applicants or known interested parties, and/or it can issue a public posting for the recently vacated seat.

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2. If the PIHP Board decides to issue a public posting, the Board shall identify the local websites/newspapers in which to publish the posting.
3. The PIHP will provide staff support to the Interview Committee. This person shall organize all applications received and screen all applications to ensure the residency requirement is met.
4. The Interview Committee shall conduct all interviews using the basic interview questions (Exhibit B).
5. In recommending a prospective candidate, the Interview Committee shall take into consideration the current board composition and the target populations represented by current membership. Geographic representation shall be taken into consideration, but shall be a secondary factor to service population representation.

E. Board Member Orientation: The PIHP Board Chairman, in conjunction with the PIHP Chief Executive Officer, will orient new Board members in the following areas:

1. The roles and purposes of the PIHP;
2. The responsibilities of a PIHP Board member;
3. PIHP Board meeting decorum and rules;
4. By-Laws and operating policies;
5. Key operating practices and functions of the PIHP, including budget and funding streams.

F. Board Member Attendance: All PIHP Board members shall be expected to meet the attendance obligations as specified in the Board's Bylaws. Should a Board member miss more than four (4) meetings in any one year or three (3) consecutive Board meetings, the staff shall notify the Board Chairman, who shall determine the reasons for absenteeism. The Chairman shall follow the PIHP Board Bylaws regarding follow-up and action.

G. Board Member Vacancy: The PIHP Board Chairman shall ensure that appropriate action occurs when a Board vacancy exists. Refer to Bylaws and Application Form.

H. The PIHP Board shall approve the final selection of all Board appointments.

I. The PIHP will maintain a Board Profile list (Exhibit C).

V. PROCEDURES: N/A

VI. EXHIBITS:

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- A. PIHP Board Member Application Form
- B. PIHP Board Member Interview Form
- C. Board Profile Report

EXHIBIT A

REGION 10 PIHP BOARD MEMBER
APPLICATION FOR APPOINTMENT

Dear Interested Applicant:

Please fill out the following application to serve on the Board of Directors of the Region 10 Prepaid Inpatient Health Plan, hereinafter referred to as the PIHP Board. Applicants must reside in the catchment area: Genesee County, Lapeer County, Sanilac County or St. Clair County.

Please return the application to: (Name and Address)

If you need assistance completing the application please contact (*name & contact information*)

* PERSONAL INFORMATION (*Please print*)

Name: _____

Address (Home): _____

Telephone: (Home) _____ (Cell) _____

County of Residence: _____

E-Mail Address: _____

* PLEASE DESCRIBE WHY YOU WANT TO SERVE ON THE BOARD AND WHAT YOU BELIEVE YOU CAN CONTRIBUTE. (*Attach additional pages as necessary*)

* PLEASE PROVIDE INFORMATION IN THE FOLLOWING AREAS AS APPLICABLE.

Highest level of education: High School/GED Some College Bachelor's Degree

Graduate Degree, Explain: _____

Employment History:

Service on other Boards of Directors:

Community Involvement:

EXHIBIT A

* WHICH OF THE FOLLOWING DO YOU BELIEVE YOU REPRESENT? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Self - Individual served | <input type="checkbox"/> Family member/Parent |
| <input type="checkbox"/> Severe Emotional Disturbance population | <input type="checkbox"/> Developmental Disabilities population |
| <input type="checkbox"/> Mental Illness population | <input type="checkbox"/> Veterans/Active Military population |
| <input type="checkbox"/> Substance Use Disorder population | |

* IN WHICH OF THE FOLLOWING AREAS DO YOU HAVE EXPERIENCE? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Education | <input type="checkbox"/> Military |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Minority/Multi-cultural |
| <input type="checkbox"/> Government | <input type="checkbox"/> Substance Use Disorder |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other: _____ |

* ARE YOU EMPLOYED BY ANY PROVIDER ORGANIZATION OR INDIVIDUAL SERVED?

- NO YES, Explain: _____

* SOME THINGS YOU SHOULD KNOW ABOUT THE COMMITMENT YOU ARE CONSIDERING.

The PIHP Board's primary responsibility is to manage the Medicaid Specialty Services and Supports and Substance Use Disorder services for the region that includes Genesee, Lapeer, Sanilac and St. Clair counties. It provides leadership, governance and oversight of the region. The Board is a policy setting body, the fiduciary of the Medicaid funds for the region and holds the Medicaid Specialty Services and Supports contract with the Michigan Department of Health and Human Services.

The Board will meet one (1) time per month at a location that may rotate throughout the region. You should have a reliable source of transportation in order to attend these meetings.

If you sit on the Board of Directors you will receive a per diem in the amount of \$35.00 for any day of meetings. Travel is reimbursable as well as approved conference/training attendance costs.

If you sit on the Board of Directors you will receive Board orientation materials.

I certify the above information is accurate and true.

Applicant Signature

Date

EXHIBIT B
REGION 10 PIHP

Applicant Rating Form

- 1 – Little or no credentials or experience to be a Region 10 Board Member
- 2 – Minimum credentials or experience to be a Region 10 Board Member
- 3 – Fair credentials or experience to be a Region 10 Board Member

- 4 – Good credentials or experience to be a Region 10 Board Member
- 5 – Outstanding credentials or experience to be a Region 10 Board Member

Applicant Name:

Criteria Area	Rating Score	Comments
What is your understanding of the Region 10 Board?	1 2 3 4 5	
What makes you uniquely qualified to sit on the Region 10 Board?	1 2 3 4 5	
Are there any barriers such as time and location of Region 10 Board Meetings that would be a challenge to your attendance?	1 2 3 4 5	
Are there particular service need areas that you feel particularly qualified to represent?	1 2 3 4 5	
Do you have any potential conflicts of interest that might make it difficult to serve on the Region 10 Board?	1 2 3 4 5	

EXHIBIT C

Region 10 PIHP

BOARD MEMBER PROFILE

Name	ADDRESS	CITY	ZIP CODE	TELEPHONE	E-MAIL	COUNTY OF RESIDENCE	AREAS OF REPRESENTATION
AGGREGATION OF BOARD MEMBERS PROFILE INDICATING THEIR AREAS OF REPRESENTATION:							
	Self – Individual Served		Intellectual/Developmental Disabilities		Mental Illness		
	Family Member / Parent		Severe Emotional Disturbance		Veterans / Active Military		
	Substance Use Disorder						